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ABSTRACT

The results of an evaluation of the six Home Start Training Centers are presented in this report. Included are the final research design of the Training Centers evaluation, findings from three sets of site visits, and results of questionnaires sent to (1) people who participated in training, (2) their supervisors, and (3) Head Start grantees and delegate agencies. Chapter I provides a brief history of the original Home Start Demonstration Program and presents the rationale for establishing the six Home Start Training Centers. This chapter also contains summary descriptions of the Training Centers, including their demographic characteristics, staffing patterns, and community and grantee support. Chapter II presents the evaluation design, the methodology of the site visits, and procedures for the spring 1978 data collection. Chapter III uses the observation data and onsite interview information as a basis for describing Training Center activities. Chapter IV sets forth training effectiveness findings based on information gathered by the questionnaires, and Chapter V covers the demand for training as described in the mail surveys. (Author/MP)

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AN EVALUATION OF THE HOME START TRAINING CENTERS

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EXECUTIVE SUMMARY

Six Home Start Training Centers were funded by the Administration for Children, Youth and Families in 1975 to serve the needs of Head Start and other programs that are interested in implementing home-based activities. During a two-year period (1976-77 and 1977-78) an evaluation was conducted. Interviews, observations, and surveys were carried out to collect information for three main purposes:

- To describe the Training Center operations;
- To survey participants and their supervisors in order to assess the effectiveness of training;
- To assess the degree to which the existing network of Training Centers can meet the needs of Head Start agencies for home-based training.

Five major policy questions guided the original design of this study. Findings related to each of these questions are summarized in the first section. This is followed by summaries of additional, more detailed questions that were identified as "information needs" by ACYF at the beginning of the study. More detail on these findings can be found in the full report.

Major Policy Questions

Should peers be used to train staff for home-based programs?

Peer training is training conducted by staff whose background and experience are similar to the background and experience of the participants in training. For the Home Start Training Centers this means that staff with direct work experience as home visitors provide training for individuals who wish to become home visitors or who are less experienced home visitors. All six Training Centers established staffing patterns that included experienced home visitors in the role of trainer. Although their involvement varied considerably (from supervising the field experience at some sites to complete participation in the design and conduct of all training sessions at others), home visitors did have important training roles in most HSTCs. During both years of the study participants consistently rated these trainers as effective. About half of the participants in training were home visitors (the rest were other staff such as administrators or program specialists); all groups were equally satisfied with training, but there was some indication (from the responses of the supervisors of staff who received training) that training was most effective for home visitors. Thus, to the extent that the HSTCs embody the concept of "peer training," we can conclude that the process is effective, and that experienced peers definitely should be employed in efforts to train staff for home-based programs.

Where should the primary emphasis for training staff be placed?

This issue raises the question of relative emphasis, i.e., whether it is more beneficial to put efforts into training home visitors, home visitor supervisors, program directors, specialists, and so on. The evaluation can not provide a definitive answer to this question since all the possible benefits, both short- and long-range, have not been assessed. Based on our interviews, however, it is clear that the HSTC training staff were unanimous in affirming that the most effective training occurred when home visitors were accompanied by their supervisors. The staff felt that this is in part due to the enthusiasm and commitment generated during training; having administrators experience this greatly facilitates the actual implementation of home teaching principles upon return to the agency. As discussed earlier, however, there is some indication that supervisors view training as more effective for the home visitor. Given these two lines of evidence, it seems that the primary emphasis of training should be on home visitors, but that their directors or supervisors should also be involved so that there will be a shared commitment to the home-based concept.

Should the work setting of the participants in training match the setting of the HSTC?

The geographical location of participants' work settings did not influence their ratings of training effectiveness. Our observations of actual week-long training sessions also support the conclusion that the basic principles of home-based operations are applicable in a wide variety of settings. The fact that ratings of training effectiveness were not substantially influenced by the age, sex, or ethnicity or the participants lends further support to the general applicability of the home-based concept.

What components of training were most effective?

The home visit experience was judged the most helpful part of training by the largest percentage of respondents. On the basis of our observations of training and casual comments made by participants, in addition to the statistical data, it is clear that this field experience was indisputably the key experience of the week-long initial training session, and the highlight for most participants.

Is there a need for more HSTCs?

During the two years of this study the Training Centers kept pace with the demand for home-based training. Even though agencies were not always able to receive training during the specific month they requested it, most requests for training were met. Our surveys of the Head Start programs indicated that an increased demand for training could develop in the future and that the HSTCs would be one of the top choices of both home- and center-based agencies when planning this training. The extent of this demand is tempered, however, by the problems that could affect agencies' training plans; the most frequently cited roadblocks to more training were funding and the coordination of local schedules with training facility schedules. Given these constraints it is impossible to predict how much of the demand reflected on the surveys will actually materialize.

Findings Related to Training Center Operations

The findings presented in Chapter III are organized here by questions. In addition to the specific information needs summarized here, Chapter III describes the relative smoothness of the initial process of converting from home-based programs to training facilities. This was accomplished with only minimal transition problems by the HSTCs. Chapter III also describes the wide range of activities that are necessary for maintaining a training facility (in addition to the prime function of conducting training sessions). These activities included extensive mailings and information to interested persons and formal briefings to inform people about the home-based concept. Each HSTC also maintained a home-visiting program serving sizable numbers of families and conducted periodic inservice training for the center staff.

What roles did trainers assume in the training process?

Center directors and assistant trainers were responsible for certain individual sessions and for seeing that all sessions were responsive to participant needs. There was variation among sites in the extent to which home visitors were involved in the training week and the extent to which outside consultants were used. At all HSTCs home visitors had important roles in the supervised field experience (the home visit), and one HSTC made extensive use of home visitors throughout the training sessions.

Did trainers' previous roles in Home Start match their roles in training?

Although most of the core HSTC training staff had no training experience, they did have home visiting experience. At four HSTCs, all the home visitors/trainers had been home visitors in the former demonstration project; one site concentrated on staff with adult-training skills and so did not use previous Home Start staff to the same extent; and one HSTC was not part of the demonstration project, but selected staff who were experienced in both home visiting and training.

What were the demographic characteristics of trainers?

Generally, the staffs of the HSTCs were similar. Five of the six directors were white, all but one were women, four of the six had master's degrees and the other two had bachelor's degrees. All of the home visitor/trainers were women, in four of the six centers they were white, most had some college education and nearly all had children of their own. Although there was considerable staff turnover among some of the centers, continuity was generally maintained by promoting experienced staff from within.

How many people were trained? What types of people were trained?

In 1976-77 1,870 people received initial home-based training and in 1977-78 1,524 persons were trained. Across both years almost one-half of the participants were home visitors, 12% were administrators and 17% were component specialists. Slightly more than one-half of the participants were providing home-based services at the time of training and most were from rural or rural/urban areas.

Was any follow-up training offered to participants?

All HSTCs offered follow-up training to their participants. In all, 435 persons (23% of those receiving initial training) received follow-up training in 1976-77 and 439 (27%) in 1977-78.

What was the content of training? Were the ten components of the Training Center Guidelines implemented?

All guideline components were observed during the training sessions. The centers spent considerable time dealing with the philosophy and operations of a home-based program and educational curricula for children. Parent involvement and techniques for working with parents received the greatest share of attention (more than one quarter of total training time). HSTC staff also made appropriate adjustments in training agendas to accommodate the needs of particular participants.

What training processes were used by the HSTC?

Various training methods were used by the Training Centers. Lecture and discussion/demonstration were the most frequently used techniques, and the smallest amount of time was spent in role-play and individual experience. Nevertheless, for 55% of the training participants the home visit experience was unique--an experience not offered in any of their other training opportunities.

Evidence of Training Effectiveness

The responses of participants and their supervisors to survey questions (described in Chapter IV) provided the data for assessing the perceived effectiveness of HSTC training. In assessing the response rate to the surveys, we noted a slightly greater likelihood for participants from 1977-78 to respond and a somewhat overrepresentation of participants from agencies serving rural areas. Over 62% of the responses were received within 12 months of the time training occurred. Time elapsed since training did not appear to bias the ratings of training effectiveness made either by participants or their supervisors, nor did the age, sex, or ethnicity of responding participants.

How did the participants rate the effectiveness of training?

The participants rated HSTC training highly--across all five effectiveness dimensions (relevance to experience, practicality, relevance to future role, effective teachers and shared ideas), 78% of the respondents gave HSTC training the two highest ratings. When the participants had other home-based training experience with which to compare their HSTC training, a high percentage (62%) rated HSTC training as better than the other training. Furthermore, 77% of participants indicated that they would seek additional HSTC training if it were possible. The majority of participants also felt that training emphasized those skills that were important in their jobs.

Supervisors of participants also rated the HSTC experience as effective--68% reported that HSTCs provided better training than was available elsewhere and 60% said they would seek follow-up training from an HSTC.

Did trainers have the appropriate mix of skills outlined in the HSTC Guidelines?

According to the ratings by HSTC participants the trainers were very effective teachers. Across both years, 88% of the respondents rated the trainers as effective teachers to either a "substantial" or "very great degree." What seemed to be crucial to effective training was the home-based experience of trainers.

What aspects of training, in terms of process and content, were seen as most beneficial?

Both participants and supervisors were asked what staff were doing differently as a result of HSTC training. Keeping better records, showing more self-confidence and using new techniques for working with parents were mentioned most frequently. Participants were also asked to list the training activities they considered most helpful. The home visit, program operation sessions and methods of working with parents were listed most often.

Did rural participants rate HSTCs differently in terms of effectiveness than participants from urban settings?

No, the geographic location of the respondent's agency had no influence on the effectiveness ratings.

Did participants from home-based programs rate training effectiveness differently than participants from center-based programs?

Yes, participants from home-based agencies rated training higher on some effectiveness dimensions than participants from non-home-based programs. Significant differences were found in the ratings on the dimensions of "relevance to experience," "future role relevance," and "content of HSTC compared to other home-based training," with trainees from home-based programs rating these items more positively.

Did organizations that were not home-based elect the home-based option as a result of HSTC training?

No, supervisors were asked in an open-ended question to list the factors that affected their decision to implement a home-based option, and none mentioned HSTC training; rather, factors such as community need, rural location and financial savings were cited. A large percentage (85%) of supervisors were already implementing or planning to implement a home-based option prior to training, which implies that the decision to become home-based usually was made before training was sought and that the training itself was not the deciding factor.

What criteria are used to select staff to receive training?

Supervisors were asked to indicate the factors they considered in selecting participants for HSTC training; those mentioned most often were: role of staff member (64% of supervisors mentioned this), staff interest and willingness (28%) and length of time the employee had been with the agency (18%). When training effectiveness was analyzed by staff role only one dimension showed any significant difference: the "content of HSTC training compared to other home-based training" was rated higher by Head Start directors, aides and Home Start supervisors than by teachers and center directors. It seems, then, that training was most effective for staff from home-based programs who work closely with the home visiting component. According to the Statistical Data Forms about one-half of the trainees were from home-based programs and one-half were home-visitors.

What other factors influenced the ratings of training effectiveness?

- Staff position of training participant: Of those supervisors who felt training was more effective for some staff than for others, 78% judged it most effective for home visitors.
- Education of participant: There was a slight tendency for some features of training to be rated lower by college graduates.
- Length of training session: Training sessions that lasted from one to three days were rated lower than four- to five-day sessions on "practicality," "future role relevance," and "methods compared to other home-based training."
- Location of training: Participants trained at their own site were more likely to rate the HSTC trainers positively than were participants trained at the HSTC.

Summary of Home-Based Training Needs of Agencies Surveyed

As discussed in Chapter V, staff training in home-based activities was being planned by both center- and home-based agencies. Naturally, the demand was greater among home-based agencies, with 82% of the respondents planning such training; on the other hand, approximately one-fifth of the center-based agencies reported home-based training plans at the time of the survey. Still, the fact that one out of every five responding center-based agencies planned to move in this direction is indicative of the growing appeal for involving parents more directly in the education of their children.

Did home-based and center-based agencies express different training needs?

Yes, because of differences in staff patterns and in-house expertise, the center-based and home-based agencies varied somewhat in terms of staff which they would designate to receive future training and what resources they contemplated using for the training. The center-based agencies saw a need to train all their staff, including Head Start directors, teachers, teacher aides, home visitors, component specialists, and parent involvement coordinators. Home-based agencies, on the other hand, identified home visitors and component specialists as targets for future training (both initial and follow-up). Teachers were also listed frequently as needing initial training and parent involvement coordinators were listed frequently as needing follow-up training. Both center-based and home-based agencies viewed the future home-based training as predominantly preservice, i.e., they wanted their staff trained before beginning their job functions.

Were there grantees/delegate agencies that could not use the HSTCs because of the costs involved?

In 1976-77 only eight agencies who had requested training were not able to use the HSTCs because of the costs involved and in 1977-78 only four agencies mentioned cost as the reason for not completing training. According to the surveys, however, cost was felt to be a major factor in arranging for training. Over 50% of both the home-based and center-based agencies listed it as a potential problem in obtaining training from any training facility and 41% of the home-based agencies who had not used an HSTC previous to the survey indicated costs were one factor that prevented their use.

How many people requested training but could not be accommodated by the HSTCs?

For the most part, the centers were able to accommodate everyone who requested training. In 1976-77, 208 requests for training during a specific month from HSTCs were not met. However, only 33 were due to lack of a training opening; many were due to trainee cancellations or cancellations necessitated by bad weather. In 1977-78, 498 requests for training during a specific month were not met; again most of these were rescheduled and only 31 were due to lack of space.

Conclusion

The Home Start Training Centers have now been operating for four years. Based on information gathered in the two years of this evaluation, it can be concluded that the centers performed a needed function and were generally perceived as effective. In our judgment, the success of the HSTCs can be attributed to their extensive use of trainers who were experienced with home-based programs and to the fact that participants in training were given direct experience with home visits to real families.

On the basis of the 1978 survey of Head Start grantees and delegate agencies it seems that the current capacity of the HSTCs is sufficient to meet the training needs of programs interested in home-based activities. This situation may change, of course, with changes in any number of factors, including the popularity of home-based programs, the availability of competing training facilities, or overall funding for Head Start programs.

Acknowledgments

The Home Start Training Centers evaluation could not have been completed without the cooperation and assistance of numerous persons and groups. Several of these deserve special recognition for their contributions over the course of the evaluation effort.

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HSTC participants and their supervisors provided feedback on the training they received by completing and returning the effectiveness questionnaires. We are also grateful to the Head Start grantees and delegate agencies who completed and returned questionnaires which provided information about their training needs. The survey would not have been possible without the help of Barbara Bates of ACYF who compiled the mailing list from agency records.

We want to acknowledge the input we received from the members of our National Advisory Panel--Mary Rowe, Daniel Ogilvie, Sueann Ambron, Virginia Burke, John R. Dill, and Paul Dokecki--and Marrit Nauta of Abt Associates, who provided valuable ideas during the initial phase of the investigation.

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I

INTRODUCTION

Purpose of This Report

This report presents the results of the evaluation of the six Home Start Training Centers. It includes the final research design of the Training Centers evaluation, and findings from three sets of site visits, together with results of questionnaires sent to people who participated in training, and their supervisors, and Head Start grantees and delegate agencies. This report begins with a brief history of the original Home Start Demonstration Program and presents the rationale for establishing the six Home Start Training Centers. Chapter I also contains summary descriptions of the Training Centers, including their demographic characteristics, staffing patterns, and community and grantee support. Chapter II presents the evaluation design, the methodology of the site visits, and procedures for the spring 1978 data collection. Chapter III uses the observation data and onsite interview information as a basis for describing Training Center activities. Chapter IV sets forth training effectiveness findings based on information gathered by questionnaires, and Chapter V covers the demand for training as described in the mail surveys. Finally, Chapter VI presents our discussion and conclusions.

History of Home Start

The National Home Start Demonstration Program was initiated in 1972 by the Office of Child Development (now the Administration for Children, Youth and Families] as a three-year program involving more than 150 staff members at 16 locations around the country. The goal of Home Start was to provide comprehensive Head Start services to families in their homes. Home Start's approach was to offer education, health, nutrition and social services to the families of children between three and five years of age, and to do so in a family-oriented rather than a child-oriented way. This meant not only helping parents to improve their living conditions but also to teach their own children, using as materials the everyday objects and routines of family life. Home Start was not designed to replace Head Start but to develop a viable alternative for Head Start programs interested in expanding their services into the home setting.

Emphasis on home visitors and the home visit experience represented the major difference between Home Start and a center-based program. Both kinds of programs employed support staff--directors, supervisors or coordinators, and one or more specialists in the four components the programs had in common: Education, Health (including nutrition), Social Services and Parent Participation. But in Home Start, the home visit and the visitor herself were critical to program success. In fact, the quality of the relationship between home visitors and families was the key to progress with parents, both as teachers of their children and as self-reliant individuals.

The demonstration was successful in enhancing the quality of children's lives by building upon existing family strengths and by utilizing parents in their role as the first and most important educators and developers of their children. Home Start demonstrated that the home is an important setting for the delivery of comprehensive services.[1]

Partially as a result of the successes of Home Start and other home-based child development programs, during 1973 the "Home-Based Option" became one of five Head Start Improvement and Innovation options made available to Head Start grantees. Local Head Start programs were encouraged to adopt variations of the standard Head Start model. Increasing numbers of requests for training, home-based curriculum materials and information on facilitating the parent's role in the development of their children indicated that the concept of home-based or parent-focused programs was very popular, not only with Head Start, but also with other child development programs and with the public schools as well.

Transition from Home Start to Home Start Training Centers

Upon completion of the three-year Home Start demonstration program in 1975, the Administration for Children, Youth and Families funded six regional Home Start Training Centers. These training centers were established in response to requests for training, technical assistance, and parent-focused information by Head Start and other early childhood programs wishing to incorporate a home-based component or convert center-based programs to home-based programs. The six regional training centers began providing services during the 1975-76 year and are now in their fourth year of operation. The primary goal of the network of training centers, as stated in the program guidelines, is:

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[1] The Home Start successes have been documented in a series of reports culminating with a Final Report (Love, Nauta, Coelen, Hewett, & Ruopp, 1976); description of the programs and their services can also be found in another report, Partners with Parents: The Home Start Experience with Preschoolers and their Families (Hewitt, Grogan, Jerome, Nauta, Rubin, & Stein, 1977). Copies of these reports can be obtained by writing to Home Start/CFRP, Administration for Children, Youth and Families, P.O. Box 1182, Washington, D.C. 20013.

> *To begin to build a nationwide capacity for Head Start to provide training and technical assistance to local Head Start home-based programs that enhances the parent's role as the principal educator and developer of their children in those programs. In addition, as time and resources permit, support, guidance, leadership and appropriate materials will be provided to other child development programs and public schools.*

Overview of Home Start Training Centers

This section presents an overview of the six HSTCs including a description of their locations, accessibility and facilities; community and grantee support; and a brief summary of the sponsors and staffing patterns of each of the centers. The operations and personnel are described as they functioned in 1976-77 and 1977-78.[1]

Five of the six HSTCs were part of the original National Home Start Demonstration Program. In 1975 they converted from a service delivery program to a combined service delivery and training program. The sixth HSTC was an agency that had extensive experience in developing a home-based curriculum and training home visitors in its use; it did not undergo the same conversion process required of the other five.

All six HSTCs were also adjuncts of existing Head Start grantees or delegate agencies and shared with them component specialists and other staff. As stated in the Guidelines for Home Start Training Centers, all

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[1] For information on current operations, which have continued to evolve since this study was completed, contact ACYF, P.O. Box 1182, Washington, D.C. 20013.

HSTCs "served as sites for the dissemination and replication of the Home Start concept." Their major focus was on training Head Start and other preschool program personnel to work with parents as the prime educators of their children in a home-based, rather than a center-based program. The Centers also provided "services to children and families in the same age range and eligibility as children who were being served in Head Start programs, in order to provide a field setting for observation and training."

In general, the six HSTCs conducted monthly onsite training sessions which lasted from four to five days. In varying degrees they also conducted offsite training sessions, either as a follow-up to initial training or as an introduction to their onsite sessions. For the most part the Training Centers focused on the role of the home visitor and how to teach parents about the four Head Start components of health (which included nutrition), education, social services and parent involvement. Usually the HSTCs also presented information on staffing a home-based program, coordinating it with a center-based program, recruitment of families, assessment, and record-keeping.

All of the Training Centers used home visitors to give their trainees the field experience of one, and sometimes two, home visits. In order to provide this experience, all HSTCs continued to operate a local home-based program serving from 20-70 families. These families received the normal home-based program when not being visited by trainees. Many of the HSTCs' home visiting staff had been involved in the former Home Start Demonstration program and were very experienced in and committed to the home-based concept.

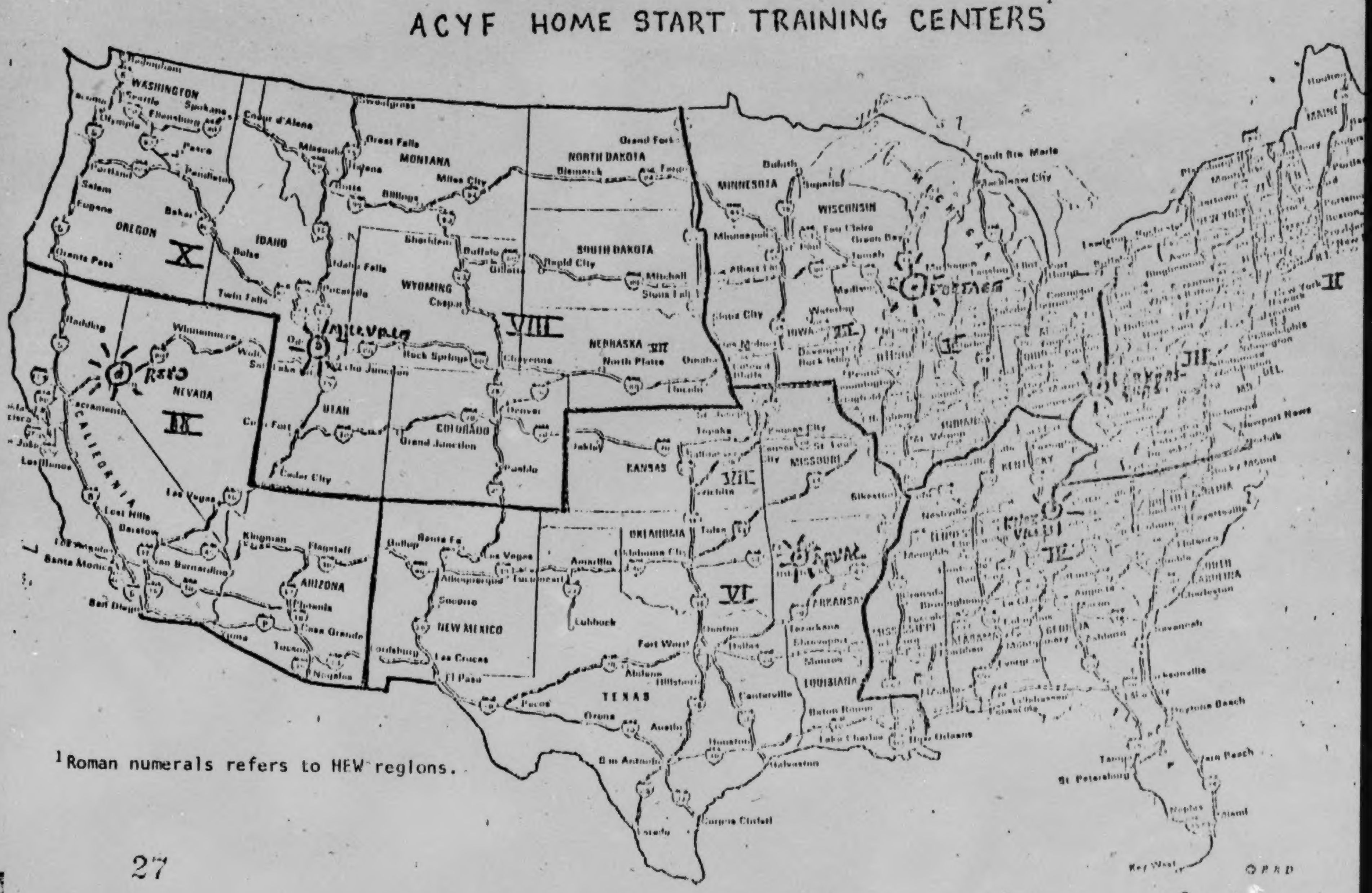
Locations, accessibility, and training facilities. The six Training Centers were located throughout the country, each serving a "regional cluster" of Head Start programs (see Figure 1).

- *Arkansas River Valley Area Council (ARVAC)*
  Russellville, Arkansas
- *Clinch-Powell Educational Cooperative*
  Knoxville, Tennessee
- *Bear River Community Action Agency*
  Millville, Utah
- *Portage Project*
  Milwaukee, Wisconsin
- *West Central West Virginia Community Action Association*
  Parkersburg, West Virginia
- *Adult Focus Training Center (AFTC)*
  Reno, Nevada

Although several of the Centers were located in rural areas and might have seemed somewhat inaccessible, they were, in fact, relatively accessible. Both the ARVAC and Millville HSTCs were about a 90-minute drive from major cities, Little Rock and Salt Lake City, respectively. Clinch-Powell and Portage conducted training in the cities of Knoxville and Milwaukee. Reno, on the other hand, conducted training eight miles north of the city, in Stead, Nevada. Parkersburg, while not a major city, was connected by air to Pittsburgh, Pennsylvania; Columbus, Ohio; and Charleston, West Virginia.

The kinds of facilities used by the Training Centers ranged from the conference room of a motel to a college classroom. Parkersburg and Clinch-Powell made use of conference rooms in the motels in which their training participants were lodged. Millville used part of an elementary school which also served as their Head Start center, while ARVAC used an Arkansas

Figure 1
Location of HSTCs and Regions Served


ACYF HOME START TRAINING CENTERS[1]

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[1] Roman numerals refers to HEW regions.

Polytechnic College classroom as well as resource rooms adjoining their offices. Both the Reno Adult Focus Training Center and Portage used rooms in the HSTC headquarters buildings.

Following are brief summaries of the sponsors and staffing patterns of each of the Training Centers:

- ARVAC--Russellville, Arkansas. ARVAC served Regions VI and Missouri and Kansas in Region VII. This area included most of the southwest, from Arkansas to Nebraska and New Mexico. Administered by a community action agency, ARVAC, Inc., the Training Center had access to Head Start component specialists, a Title XX Day Care supervisor, and home visitors working for other Head Start centers. These other ARVAC staff members often participated in training.

  Overall responsibility for the HSTC program rested with the ARVAC Child Development Director. Day-to-day operation of the Training Center was coordinated by the supervisor of a Head Start center and 10 home visitors; four of the home visitors were the designated HSTC home visitor/trainers. The Training Center served 30 families.

- Clinch-Powell Educational Cooperative--Tazewell, Tennessee. Clinch-Powell serviced Region IV, which included the southeast, from Alabama to North Carolina. Sponsored by an educational cooperative which operates home-based programs funded from several different sources in four counties in the mountainous region of northeastern Tennessee, the Training Center also had access to a wide range of Clinch-Powell educational specialists. The Executive Director of the Clinch-Powell Cooperative was a key HSTC person providing assistance and support. The Home Start Director was responsible for the training sessions and supervised the activities of three home visitor/trainers. The Center served 40 families.

- Millville, Utah. The Millville HSTC served Regions VIII and X, which extended from South Dakota to Washington plus Alaska, and also served Nebraska in Region VII. Millville is located just outside Logan, Utah. Sponsored by the Bear River Community Action Agency, the Training Center also shared staff, facilities, and training resources with a Head Start center. Both the Training Center and Head Start center were directed by the same individual, who was assisted in administering the Training Center by the Training Program Coordinator. The four family educator/trainers served 30 families.

- Portage Project--Milwaukee, Wisconsin. The Portage Project Home Start Training Center served Region V, Iowa in Region VII, and IMPD (east and midwest). It was sponsored by the Portage Project, which provides training and technical assistance to schools, agencies and Head Start grantees in the use of the Portage Model of Early Education. The Portage Model provides comprehensive home-based early childhood services to preschool children (handicapped and non-handicapped) and their parents. The Portage HSTC was located in Milwaukee at the Milwaukee Head Start Child and Family Development Center where the Portage Project operates a Demonstration Head Start home-based project, Operation Success. Operation Success, replicates the Portage Project model, and is one of four different early childhood education approaches offered by the Child and Family Development Center. The HSTC utilized the five home teachers from Operation Success as trainers. The Director of the Portage Project was a co-director of the HSTC. The two co-directors of the HSTC were assisted by a Training Coordinator, a Supervisor of Home Teachers, and a Training Specialist. Operation Success served 80 families.

- Parkersburg, West Virginia. Parkersburg served Regions I, II, and III, which extended from Maine to Virginia plus Puerto Rico and the Virgin Islands. The Training Center was sponsored by the West Central West Virginia Community Action Association, which also operates nine Head Start centers in ten counties, five of which have home visiting programs. The Training Center had access to West Central's Head Start component specialists and support personnel. The Training Coordinator was assisted by a Trainer. West Central had a home visitor supervisor and 10 home visitors, four of whom were involved in training. The Training Center served 21 families.

- Adult Focus Training Center--Reno, Nevada. The AFTC served Region IX and IMPD (west), which included Arizona, California, Nevada, Hawaii and Guam. Sponsored by the Community Services Agency of Washoe County, the Adult Focus Training Center shared the services of the Head Start centers administered by CSA. The Training Center was administered by the CSA Educational Administrator who was assisted by a Training Coordinator and two trainers. Home visitors took trainers to visit the families enrolled in their Head Start home-based component and participated in training. The AFTC served 50 families.

Community and grantee support. It is apparent from documents and letters included in the HSTCs' proposals that each enjoyed a high level of community backing, as well as a substantial amount of grantee support. Most Centers shared personnel with a local Head Start program and in some cases shared facilities as well.

Role of national and regional offices. At the Administration for Children, Youth and Families, the national office offered policy direction and overall guidance for the HSTCs. In addition it provided technical assistance to each of the six Training Centers by means of a technical support contractor, Children First, Inc. of Washington, D.C. It also provided assistance by conducting national meetings at which HSTC and other early childhood program personnel shared information and ideas. Staff of Children First made at least one week-long site visit to each Training Center during 1976-77 and offered detailed suggestions regarding the content and process of their training. Children First staff made week-long site vists to each HSTC in 1977-78 as well. Support from the regional offices came through their notifying grantees about the services available and encouraging them to use the services offered by the Training Centers, through financial support, and through encouraging Regional Providers of Training and Technical Assistance to use the expertise of the HSTCs.

Purpose of the Evaluation

In 1976 ACYF funded an evaluation project with two relatively independent purposes: (1) to carry out a follow-up study of children and families who participated in the National Home Start Demonstration Program; and (2) to evaluate the six regional Home Start Training Centers. This report focuses on the Training Centers evaluation and addresses ACYF's five major policy questions:

- Should peers be used to train staff for home-based programs?
- Where should the primary emphasis for training staff to operate home-based programs be placed, e.g., on home visitors, teachers, supervisors, administrators, specialists, T&TA providers?
- Are more Training Centers needed to meet the demand for training?
- Is it important to match the type of settings trainees will be required to work in with the setting of the Training Centers, e.g., trainees who are working in an urban setting receiving training in an urban setting?
- What components of training are most effective in improving the trainees' performance?

In addition to these key questions, the evaluation was charged with providing data relative to a number of "information needs" of ACYF. The information needs fall into three categories: descriptive information about the operations of the Training Centers, information related to the effectiveness of the training provided, and information on the need for training among Head Start programs across the country. In the next chapter the design of this study is described with specific reference to these information needs.

II

HSTC EVALUATION DESIGN

To address the five major policy issues articulated by ACYF, evaluation activities were organized around three tasks:

> *Description of the Home Start Training Centers.* It is important to all other aspects of the study to have a description of the operations of the centers and their staffs, to understand the training approach taken by each, and to know more about the participants and the organizations they came from.
>
> *Evaluation of the effectiveness of the Training Centers.* This task focuses on the effectiveness of both the content and process of training sessions as reported by participants and their supervisors.
>
> *Assessment of supply and demand.* Assessing the supply and demand for training allows federal program staff or policymakers to determine whether or not the current number of Home Start Training Centers is adequate to meet the training needs of Head Start agencies.

This chapter describes the evalution's information needs, the instruments that were developed to provide this information, and data collection procedures for each of the above tasks.

Information Needs and Instruments

This section is organized by task and includes a review of the information needs outlined in the evaluation request for proposals, and a description of the instruments developed. Instrument development and refinement for the nine measures described in this section began in the summer of 1976 and continued through March 1977. Input regarding instrument changes and revisions was obtained from ACYF officials, staff from Children First, Inc., HSTC directors and their staffs (both during the initial fall 1976 site visits and during an HSTC conference in February 1977), and from members of the HSTC Evaluation Advisory Panel during their November 1976 meeting.

Description of the Home Start Training Centers

The following information needs were addressed under this task:

- Were the ten components of the Training Center Guidelines implemented?
- What training processes were used in each HSTC?
- What was the content of training in each HSTC?
- Was any follow-up training offered to the participants?
- What were the demographic characteristics of the trainers?
- What roles did the trainers play in the training process?
- Did trainers' previous roles in Home Start match their roles in training?
- How many people were trained? What type of people were trained?

Four instruments were developed to collect descriptive information about the HSTCs and to answer the information needs.

- *Training Session Observation Instrument.* This instrument was designed to provide a straightforward description of both the content and method of training used in individual training sessions. It also provided an opportunity to rate the content in terms of practicality, organization, realism, and depth, and to evaluate the processes involved in delivering the content in terms of appropriateness of method to content, participant interest, and trainer adaptability to level of interest and kinds of topics desired. A rating form describing the home visit experience was also completed by the observer; it covered such topics as the focus of the home visit, the extent of trainee participation, the degree to which the participants

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were briefed about the family and the type of feedback requested and received. The forms were used in the [illegible] during a week-long onsite [illegible] Center [illegible] are based on observations at one spring 1977 session at four sites and one fall 1977 session for each site.

- *Training Process Interview.* This interview was designed to complement the observations of training by providing the director of training the opportunity to articulate the philosophy of the training program, to describe the process of designing and modifying the program to meet participants' needs, and to provide information about Training Center activities that took place during non-training weeks. All HSTC directors and selected staff were interviewed during the spring and fall site visits.

- *Changes-In-Training Form.* This form was designed to reflect ongoing modifications in the week-long onsite training agenda as training staff responded to participants' needs and interests, or to their own self-evaluations. Training Center directors completed this form monthly, soon after the close of a training session.

- *Start-up Process Interview.* This interview of HSTC directors provided information about the process of converting from a Home Start demonstration site to a Training Center. Questions related to the preparation of training materials, public relations and outreach work, location of training space, decisions about training staff, and major problems encountered in the transition process.

The initial draft of the observation instrument was a time-sampling category system which focused on the 10 goals outlined in the HSTC Guidelines. After a pilot test of the instrument at three sites in fall 1976 and feedback from HSTC staff and Children First, the format was revised substantially. These changes resulted in a system that included a brief narrative description of each session, four rating scales related to the content of each session (e.g., practicality, depth, organization), four rating scales related to the process of each session (e.g., participant interest, participant products and degree of participation) and the logging of information on training methods, size of group, number and titles of trainers and types of materials used during each session.

Evaluation of the Effectiveness of the Training Centers

The following information needs were addressed under this task.

- Did trainers have the appropriate mix of skills outlined in the HSTC Guidelines?
- How did participants rate the effectiveness of training?
- What aspects of training, in terms of process and content, were seen as most beneficial?
- Did rural trainees rate HSTC effectiveness differently than trainees from urban programs?
- Did trainees from home-based programs rate training effectiveness differently than participants from center-based programs?
- Did organizations that were not home-based elect the home-based option as a result of HSTC training?
- What program staff were sent to the HSTCs for training?

Both participants and their supervisors were asked to respond to questions pertaining to the usefulness and practicality of their (or their staff members') experience at the Training Centers. This information was obtained from two questionnaires:

- *Training Effectiveness Questionnaire* (TEQ). This questionnaire was designed to elicit participants' perceptions of the training they received. The TEQ contained questions about the organization of the training session, the training method used, and the content of the sessions or training activities; participants were also asked to provide demographic information, such as sex, age, education, etc. so that the match between them and trainers could be examined. The TEQs were mailed directly to each of the 1976-77 and 1977-78 participants using addresses obtained from the HSTCs. In all, the HSTCs provided addresses for 686 participants identified as having received training during the 1976-77 year and 839 the following year. A stamped, addressed envelope was included with the questionnaire (which contained a unique identification number) to facilitate responding, and a follow-up letter and a second copy of the questionnaire were sent out if the original TEQ was not returned within five weeks.[1]

- *Sending Organization Supervisor Questionnaire* (SOSQ). This questionnaire was designed to elicit supervisors' perceptions of the effects of training on their staff. Questions were included about the agency's initial contact with the HSTC, how decisions were made to send staff to training, the supervisor's impressions of HSTC training, and how HSTC training compared with other home-based training. Supervisors of all participants who received the TEQ were identified. This resulted in the direct mailing of SOSQs to 140 supervisors of the 1976-77 participants and to 177 supervisors of the 1977-78 participants. Again, the names and addresses were obtained from the HSTCs. Each form contained a unique identification number and a stamped, addressed envelope with the questionnaire to facilitate return directly to High/Scope. A follow-up questionnaire and letter were mailed to those supervisors who had not returned their form within five weeks of the initial mailing.

The HSTC Guidelines and Partners with Parents were the starting points for the development of the trainee and supervisor questionnaires. These resources were instrumental both in defining what aspects of training the questionnaire should focus on (e.g., content, methods, home visitor experience) and in identifying the kinds of skills (personal/interpersonal and technical) home visitors need.

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[1] The original plan was to survey training participants twice--immediately following training and then after six months of experience on the job. Delays in receiving forms clearance made it necessary to eliminate the first survey.

Assessment of Supply and Demand

Only one information need was outlined for this task:

- How many people who request training cannot be accommodated by the HSTCs?

Both the Survey of Delegate Agency Interest and the Statistical Data Form provide information about the demand for home-based training and the ability of the HSTCs to meet this demand.

- *Survey of Delegate Agency Interest in Home-Based Training.* There were two forms of the survey. Form A was designed for agencies that were providing home-based Head Start services in spring 1978. Its purpose was to determine what plans exist for training personnel who have not previously been trained in home-based activities, or for augmenting training of personnel who have. Form A's four principal categories of questions concerned the agency's (1) demographic characteristics, (2) involvement with home-based activities, (3) experience with related training, and (4) plans for future training. Form B was designed for agencies that were not providing home-based services as of spring 1978; its purpose was to obtain a report on plans these agencies may have had for home-based activities and to estimate needs for training future home-based staff. The categories of questions contained in Form B were the same as those for Form A, except that there are no questions concerning past training in home-based activities (since none was likely to have occurred).

A January 1976 survey conducted by ACYF identified 283 full-year Head Start grantees and delegate agencies that offered a home-based program; these agencies received Form A. The same survey identified 1,358 programs that offered the center-based option; this was the universe of respondents for Form B. The surveys were mailed in late spring 1978 to directors at the delegate agency and grantee level as determined by the list provided by ACYF. In a number of cases, agencies had switched from a center-based program to home-based program or vice versa and once this became known the appropriate form was sent.

- *Statistical Data Form.* Each of the HSTC directors completed this form every two months to provide information about numbers and types of training activities, which ranged from week-long sessions to half-hour briefings, either onsite or offsite, as well as the numbers and types of participants served. This form provided some of the basic quantitative data used in describing Training Center activities. Data collection with this form continued from July 1976 to June 1978.

Data Collection Procedures

Data Collection Schedule

Figure II-1 illustrates the HSTC data collection schedule. Three sets of site visits were made: fall 1976, spring 1977 and fall 1977. The fall 1976 visit was a two- to three-day introductory visit that included observations of training at some sites (to pilot test the observation instrument), interviews with HSTC directors, and feedback from the HSTC directors regarding the observation system and the effectiveness questionnaires. The second round of site visits (spring 1977) was scheduled to occur during a training week in four of the six sites. In those sites, the interviewer spent the entire week observing as many training sessions as possible and interviewing directors, trainers and home visitors to collect information on the HSTC start-up phase and on the actual training process. In the two sites where visits were made during a non-training week (since no training sessions were scheduled during the month of the visit), two days were spent interviewing HSTC staff. In fall 1977, week-long visits were made to each HSTC during a scheduled training session. Again, observations were made and staff were interviewed.

Figure II-1

HSTC Data Collection Schedule

Instruments	Data Collection Period			
	Fall 1976 (site visit)	Spring 1977 (site visit)	Fall 1977 (site visit)	Spring 1978 (mailing)
Training Process Interview	X	X (revised)	X (revised)	
Training Session Observation Instrument*	X	X (revised)	X (revised)	
Start-up Process Interview		X		
Training Effectiveness Questionnaire				X
Sending Organization Supervisor Questionnaire				X
Survey of Delegate Agency Interest--Form A				X
Survey of Delegate Agency Interest--Form B				X
Changes-in-Training Form	Data collected monthly from 1/77 through 6/78			
Statistical Data Form	Data collected bimonthly from 7/76 through 6/78			

*Includes Daily-Weekly Summary Sheets and Home Visit Assessment.

Copies of the Changes-in-Training Form were sent to the HSTC directors in January 1977 and were completed monthly thereafter and mailed back to High/Scope. Likewise, the Statistical Data Forms were completed bimonthly by the sites and submitted to High/Scope. Information from these latter forms was tabulated and reported to ACYF as received. A summary of the data for the past two years is presented in Chapter III of this report. As mentioned earlier, the surveys (Forms A and B) and the two questionnaires, TEQ and SOSQ, were mailed to participants and their supervisors in June and July 1978.

Data Quality Control

To ensure the quality of the data collected both onsite and by mail, two steps were taken: (1) prior to each series of site visits, High/Scope field staff participated in a one-day training session during which they reviewed the history of the HSTCs as well as the purpose and use of each instrument; (2) all incoming surveys and questionnaires were logged and checked carefully for completeness. The second procedure resulted in the identification and elimination of duplicate or inappropriate data (i.e., data completed by HSTC staff who had participated in a HSTC training session as trainees). Also, by checking the incoming data, those agencies that had switched from center-based to home-based or vice versa were identified and the appropriate form was mailed to them.

III

TRAINING CENTER OPERATIONS

Staff from the six Training Centers provided a variety of services to diverse groups of people. Not only did they train, follow-up, brief, and respond to requests for information from many different kinds of programs and people interested in the home-based concept and in home-based programs, they also maintained an ongoing home visiting program of their own for families with preschool children. As part of their professional development they attended national and state conferences, presented workshops, assimilated new training techniques, and studied the most recent child and family development information.

This chapter describes these varied services and activities. It begins with a description of the start-up processes of the six HSTCs and their staffing patterns and turnover, then presents an overview of the training sessions and reports on the amount of time spent on various components of training and on different techniques of training.

Start-up Processes

This section focuses on the start-up processes of five HSTCs as they converted from service-delivery programs to combined service-delivery and training programs. Since the sixth HSTC had staff already experienced in training, home visiting, and curriculum development outside of the Home Start demonstration context, it did not go through the same conversion process.

Our information is based on interview data from site visits conducted in spring 1977, which focused on the obstacles that the five HSTCs faced when they converted to training programs during the spring and summer of 1975. Although this information is retrospective, it is at least suggestive of possible conversion problems that other programs might face when going from an operational to a training mode.

The HSTCs faced two major obstacles as they converted to Training Centers: (1) deciding on the content of their training, and (2) finding their own personal styles of conducting that training. All five centers sought outside assistance to help them develop their training agendas and to identify materials and speakers. Three HSTCs hired permanent staff members, while one hired temporary consultants and the fifth used the services of a local Head Start staff member to accomplish this task.

Anecdotal data provided interesting insights into each site's start-up processes. For example, staff at one site reported that, in an attempt to become "trainers," they developed a very structured lecture format. As they gained self-confidence and began to feel more comfortable as trainers, however, they were able to relax and respond in a more flexible manner to the needs of their trainees. In essence, they returned to a training method they had found effective during the demonstration phase of the Home Start program (before they became official "trainers"). At another site, it appeared that reliance upon outside consultants resulted in a training style that was more concerned with the "how tos" and not enough with the "whats." Subsequently, changing the training agenda to respond to trainee needs for content required a great deal of additional time and energy.

It became apparent from these and other examples that HSTC sites felt they would have benefited from earlier and more specific direction from the national office regarding content and style of training. Making substantive changes after the training programs were underway in order to achieve an appropriate balance of content and process or of lecture and discussion was often a painful and difficult process for the HSTCs.

Another obstacle that most centers faced was initiating a public relations campaign to make potential trainees aware of the services offered by the HSTCs. Although cooperation was obtained from most regional offices in notifying grantees of the availability of home-based training, in many cases the information did not reach the delegate agencies whose staff would have wanted training. As a consequence, Training Center directors and training coordinators initiated mailings, spoke at conferences and other meetings as opportunities arose, and conducted briefings for both regional Head Start and non-Head Start personnel. Some centers discovered that potential trainees thought the training offered by HSTCs was really supplemental Head Start training, which they already had experienced. Therefore, clearing up such misconceptions became a necessary part of the HSTCs' public relations campaign.

Hiring staff was less of a problem for some staff positions than for others. Most of the HSTCs chose home visitor/trainers from an available pool of experienced home visitors, selecting those who appeared most able to convey to others what they were already doing well themselves. In general, site staff mentioned skill in establishing and maintaining interpersonal relationships and home visit experience as the most important criteria for staff selection, but one program was explicit in its desire to hire staff experienced in training adults rather than those with program experience.

The other HSTCs changed the titles of their home visitors to reflect their expanded roles and then conducted inservice training programs to prepare them for their new positions. Although drastically changed role expectations could have been a major stumbling block in the conversion process, for most HSTCs this was not an insurmountable problem and although some centers' home visitors acknowledged that their additional responsiblities were "scary," staff turnover was remarkably low.

In retrospect, then, most center staff felt that the change process might have been facilitated by: (1) very specific and structured technical assistance from the national office at a very early point in the development of their curricula; (2) more comprehensive publicity directed at the proper persons and groups as to the nature of the training offered; and (3) less reliance on hiring credentialed persons and more reliance on hiring those with a proper mix of relevant experience and effective interpersonal skills.

Staffing Patterns

The six HSTCs had similar staffing patterns. All but one of the HSTCs were part of parent organizations that included other Head Start programs, Title XX programs, or other community service programs. Although not part of a larger organization, the one exception operated in conjunction with a Head Start program and both were directed by the same person. Because of these relationships, all of the HSTCs had access to other programs (usually Head Start) that could provide additional home visitors or specialists to be used as needed for training. Two HSTCs did not have full-time home visitors on their staffs, but shared them with other programs.

Core HSTC staffs were organized as follows: a director, co-director, or training coordinator who had overall responsibility for the daily HSTC operations; an assistant to the director, variously titled trainer/supervisor, program coordinator, training coordinator, assistant training coordinator, or associate training coordinator; and three or more home visitor/trainers, also called home teachers or family educators. Actual numbers of staff varied across sites, however. Staffing patterns for each HSTC are listed in Table III-1.

Demographic Characteristics of Staff

Demographically, the staffs of the HSTCs were fairly similar. Five of the six directors or coordinators were white (one was black), and five of the six were female. Four of the six administrators had master's degrees, the other two had baccalaureate degrees. All of the training assistants but one had either baccalaureate degrees or master's degrees. The majority of the Head Start staff and other auxiliary personnel were white and female.

The home visitor/trainers were all female, and had some college education; only one was not a high school graduate. They nearly all had children of their own. But there were marked variations in other demographic characteristics for this group. Their ages ranged from the mid-20s to mid-50s. In four of the six HSTCs, the "core" home visitor/trainers were white. But at one HSTC four of the five home visitors were black and one was Hispanic; one HSTC had two black home visitors, one white and one American Indian. In another HSTC one of the five home visitors was black; this person participated in the program as needed, but was not part of the core training staff.

Table III-1

Staffing Patterns of Home Start Training Centers

ARKANSAS

ARVAC Director
HSTC Training Coordinator
4 Home visitor/Trainers
(5 home visitors from ARVAC Head Start Programs)*

TENNESSEE

Clinch-Powell Educational Cooperative Director
HSTC Director
Trainer/Supervisor (Year B; assisted in training sessions, Year C)
3 Home visitor/Trainers
(5 home visitors from other CPEC programs)*

UTAH

HSTC Director
Program Coordinator (50%)
3 Family Educator/Trainers
3 Head Start Specialists (part-time HSTC)
(1 home visitor from Millville Head Start)*

WISCONSIN

Portage Project Director
HSTC Co-director
Training Coordinator
Supervisor Home Teachers
Training Specialist
5 Home Teachers (40%)

WEST VIRGINIA

West Central West Virginia CAA Director
HSTC Coordinator
Assistant Training Coordinator
4 Home visitor/Trainers (25%)
3 Head Start Specialists (5%)

NEVADA

CSA of Washoe County Program Operations Manager
HSTC Coordinator
Associate Training Coordinator
Assistant Trainer
4 Home visitor/Trainers
Teacher Trainer (20%)

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*Not paid by HSTC.

Since five of the six HSTCs had been part of the original Home Start Demonstration Project, most of their training staff were chosen from persons experienced in Home Start. In fact, all of the home visitors in four of the HSTCs had been home visitors in the original project. The fifth HSTC was unique in choosing to hire staff with adult training skills rather than home visiting skills and its coordinator and associate training coordinator had no home visiting experience. The sixth HSTC, although not a participant in the original Home Start Demonstration Project, had been involved in training for and delivering a home-based teaching program prior to becoming a HSTC, so staff at this site had both adult training and home visit program experience.

Staff Turnover

Three of the HSTCs experienced exceptional stability of staffing. After an initial turnover in administration, one HSTC retained the same training coordinator, office manager, van driver, adjunct personnel, consultants, and all of its four home visitor/trainers through January 1978, when one home visitor/trainer left to pursue a teaching career. The second Center retained its director, three home visitor/trainers, adjunct personnel, consultants, trainers, and some of the services of its trainer/supervisor throughout both 1976-77 (Year B) and 1977-78 (Year C). The third HSTC program also retained all of its core HSTC staff, although it lost one of its home visitors to Head Start.

The other three HSTCs experienced varying degrees of staff turnover. Each had to replace a key administrative person within the first two years, and there was turnover in specialist and home visitor positions also. In many cases, however, the senior positions were filled by promoting staff from within the HSTC, thus assuring continuity of personnel in the more responsible levels.

Staff Roles in Training

There were two major distinctions in the roles HSTC staff members assumed in training at each site: (1) the extent to which home visitors participated in training; and (2) the extent to which non-HSTC personnel participated in training. The extent to which home visitors were involved in training usually depended on the staff structure of the HSTC. One site made greater use of its home visitors than any other HSTC, partly because the visitors were full-time HSTC employees, directly accountable to and supervised by the HSTC director. In fact, this site's three home visitors, together with the director and program coordinator, not only developed the training agenda but also played a major role in conducting each day's presentations, a unique process among the HSTCs.

In contrast, at another HSTC home visitors took participants on two home visits but conducted no training sessions themselves, although in Year B they were available for evening resource labs. In the remaining four HSTCs, home visitors participated in one or two training sessions in addition to the home visits.

Who, then, conducted the training sessions, if home visitor involvement was rather minimal? At one site, the four HSTC staff members conducted all training sessions themselves. The other HSTCs, however, used outside speakers--Head Start specialists, Title XX program coordinators, university professors, or consultants--to conduct some of their sessions.

One HSTC used two specialists from the Head Start program which was part of the same community action agency, as well as an outside consultant who was a professional nutritionist. Three HSTCs used four or more specialists from their larger organizations and two other HSTCs regularly involved two local professors in addition to their other specialists. For almost all of the sessions, whether conducted by Head Start component specialists, Title XX coordinators, or university professors, the HSTC directors or training coordinators were present, overseeing the proceedings and assisting the presentors.

Overview of the Training Sessions

This section includes a general description of the week-long training sessions at the six HSTCs and then presents a comparison of the amount of time each site devoted to different aspects of a home-based program, such as home-based curricula for children, techniques for working with parents, record-keeping and assessment. An analysis of the amount of time each HSTC spent using various training techniques is also presented. It should be noted that the percentage of time HSTCs allotted to different content areas and presentation methods is representative only of the one session observed in fall 1977 at each site, although Changes-in-Training data indicated that there were no major changes in training agendas after this visit.

Three of the HSTCs scheduled their training sessions for Monday through Friday (noon). Three other centers began their training on Sunday evening, using that time to get acquainted and to elicit participants' expectations for the coming week. Training that began on Monday usually started with an assessment of trainees' interests and expectations, followed by sessions on the history of Home Start, the philosophy of home-based programs, and evaluation findings. Almost all HSTCs made use of the national Home Start

Sound Slide program on the first day of training, and all reported the positive findings of the evaluation of the Home Start Demonstration Project to participants. All sites also made available to participants an extensive bibliography of child development and parenting resources and home-based programs, including the comprehensive list from the Home Start/CFRP national office at ACYF.

Next on HSTCs' training agendas were discussions of the role of the home visitor, recruitment of families, home-based curriculum, and methods for integrating the four components into the home visit. One site was unique in taking participants on home visits at this point in the week (Monday afternoon), although another site had participants observe a videotaped home visit at this time also so that participants would have a concrete referent for discussions of home visits during the rest of training. Most centers ended the first day, and indeed, every day, with either a written or oral assessment of the day's sessions. At the site with the Monday home visit, a session was usually scheduled on Monday evening to discuss the afternoon's activity.

The Training Centers presented a wide range of topics on the second full day of training. Among the subjects presented were the Head Start components, if they had not yet been discussed, communication and interpersonal skills, cultural awareness, family assessment, planning and prioritizing, and educational assessment. One center used a case study of an Appalachian family to tie planning and assessment together. Two sites presented sessions on the home-based curriculum on Tuesday, and another taught the basic aspects of their curriculum model on that day, concentrating on assessment techniques and precision teaching.

Two of the three sites that held Sunday evening sessions also conducted Tuesday and Thursday evening sessions. One of the two sites opened its resource labs to respond to whatever needs participants' had expressed earlier in the training. The other site scheduled evening sessions on whatever topics participants suggested and often showed a training film as well during evening sessions. At both sites, participants were usually housed in close proximity to the building in which most of the training sessions took place, so that evening activities were more feasible at these sites than at some others.

Two centers scheduled one home visit for trainees during the training week, while the other four HSTCs provided two home visits. Three sites scheduled their home visits on Wednesdays and conducted debriefings/evaluations immediately afterward. One site usually provided participants with the opportunity to observe a session conducted by a home teacher with a family at the Training Center on Wednesdays and then took them on two regular home visits on Thursday. Because one HSTC only had four home visitors, participants were divided into two groups and home visits for one group were scheduled on Wednesdays and for the other group on Thursdays. Evaluations of both home visits at this site occurred on Thursday afternoon.

Across sites, before the week-long training sessions were over, all participants typically completed plans to be implemented in their programs. This exercise served to consolidate all that they had learned during the week and provided an indication to the trainers of the effectiveness of their presentations. Evaluations, both verbal and written, were also completed by participants to provide direct feedback to trainers as to whether the training met the participants' expectations.

Numbers and Types of Persons Trained

This section presents a summary of the week-long training sessions provided by HSTCs during Years B and C in terms of the number of sessions conducted, number and type of persons trained, and the location of the training sessions. Training session figures for Years B and C are presented in Table III-2 and in Figures III-1 and 2, by reporting period. Notable changes from Year B to Year C are then presented. Data pertaining to follow-up training, briefings, and requests for home-based materials are presented in the following section.

Year B Training Sessions

Ninety-three week-long training sessions were held in Year B; 45 took place at the HSTCs and 48 at local agencies. A total of 1,870 persons were trained. The number of sessions held varied substantially from site to site, ranging from 26 sessions to seven. Two HSTCs conducted more of their training at the centers while other HSTCs more often sent their staff to the local agencies to provide training. Over twice as many Head Start programs used the HSTCs as did non-Head Start programs. Overall, 20% of the HSTC participants were from non-Head Start programs although most of this figure is attributable to one HSTC, where there was an almost even split between the number of trainees from Head Start programs and non-Head Start programs.

Table III-2

Location of Week-Long Training Sessions and Number and Type of People Trained Each Year and for the Two Years Combined

Site	Training Sessions		Number of Programs Trained			Number of Persons Trained			Category of Persons Trained[1]					Number Delivering Home-Based Services	Number of Persons Geographic Area[2]		
	On-Site	Off-Site	HS	Non-HS	Total	HS	Non-HS	Total	Administrators	Specialists	Home Visitors	Parents	Others		Rural	Urban	Rural/Urban
ARKANSAS																	
Year B	8	10	83	68	151	266	246	512	106	65	85	1	255	118	192	69	88
Year C	11	8	61	13	74	223	14	237	31	46	93	2	65	165	135	25	77
Total	19	18	144	81	225	489	260	749	137	111	178	3	320	283	327	94	165
TENNESSEE																	
Year B	6	10	42	5	47	284	41	325	22	81	145	0	77	223	36	36	253
Year C	7	0	30	6	36	108	15	123	23	6	94	0	0	105	87	2	34
Total	13	10	72	11	83	392	56	448	45	87	239	0	77	328	123	38	287
UTAH																	
Year B	8	18	58	17	75	516	45	561	28	68	340	11	114	229	18	32	511
Year C	6	14	33	1	34	444	1	445	14	60	175	53	70	63	12	0	360
Total	14	32	91	18	109	960	46	1006	42	128	515	64	184	292	30	32	871
WISCONSIN																	
Year B	12	4	36	6	42	139	24	163	16	28	109	8	2	108	30	42	66
Year C	10	10	48	9	57	246	26	272	25	41	201	3	2	124	174	48	50
Total	22	14	84	15	99	385	50	435	41	69	310	11	4	232	204	90	116
WEST VIRGINIA																	
Year B	8	2	28	6	34	152	22	174	18	36	104	10	6	104	138	19	17
Year C	13	9	102	3	105	335	3	338	95	54	163	2	24	235	253	29	56
Total	21	11	130	9	139	487	25	512	113	90	267	12	30	339	391	48	73
NEVADA																	
Year B	3	4	15	1	16	105	30	135	8	35	71	4	2	109	20	39	60
Year C	1	6	10	0	10	109	0	109	12	32	51	3	11	109	1	37	71
Total	4	10	25	1	26	214	30	244	20	67	122	7	13	218	21	76	131
TOTAL																	
Year B	45	48	262	103	365	1462	408	1870	198	313	854	34	456	891	434	237	995
Year C	48	47	284	32	316	1465	59	1524	200	239	777	63	172	801	662	141	648
Total	93	95	546	135	681	2927	467	3394	398	552	1631	97	628	1692	1096	378	1643

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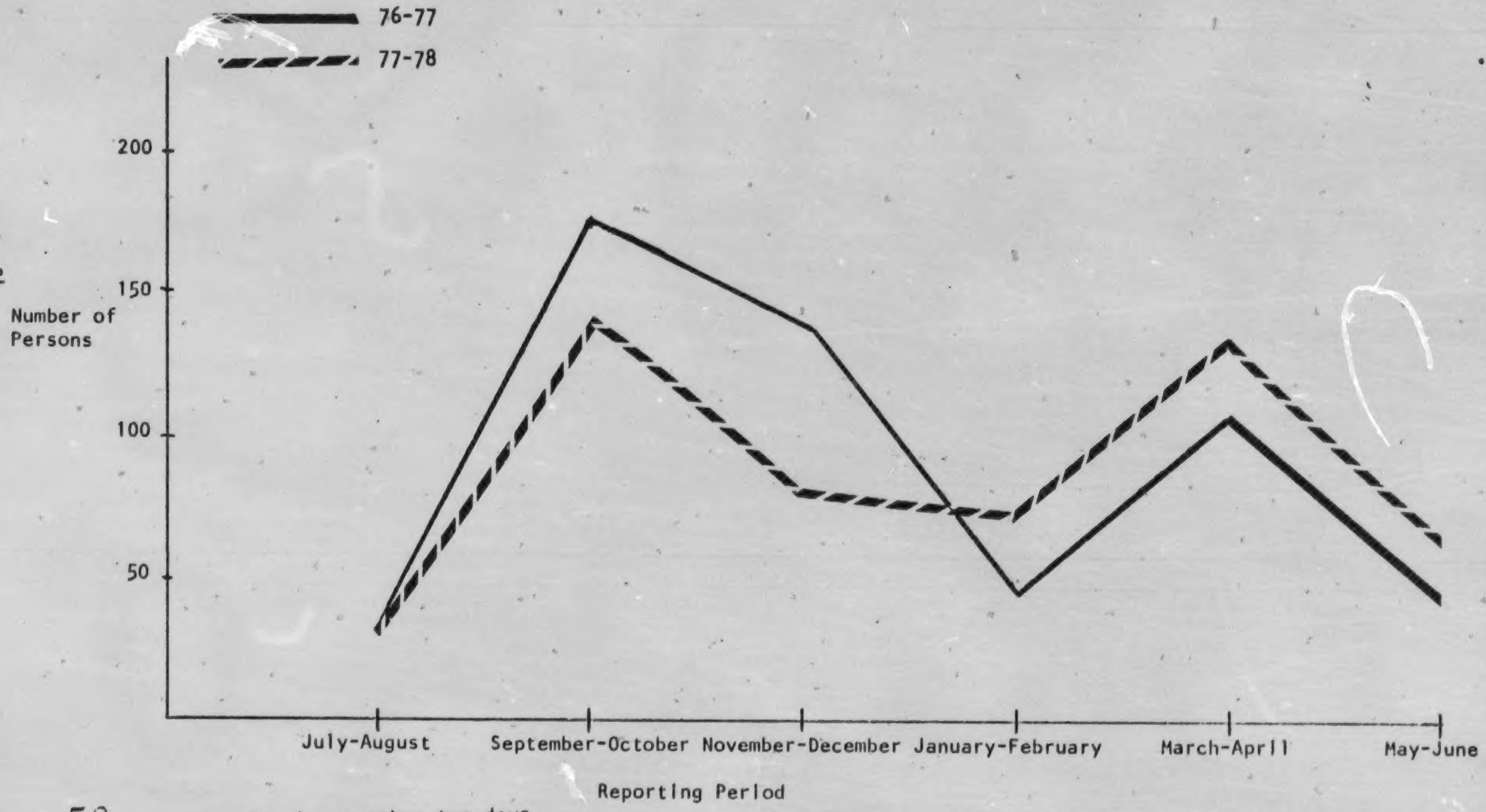
[1] Numbers do not always add up to total number trained due to missing data.

[2] This information was not collected from all trainees.

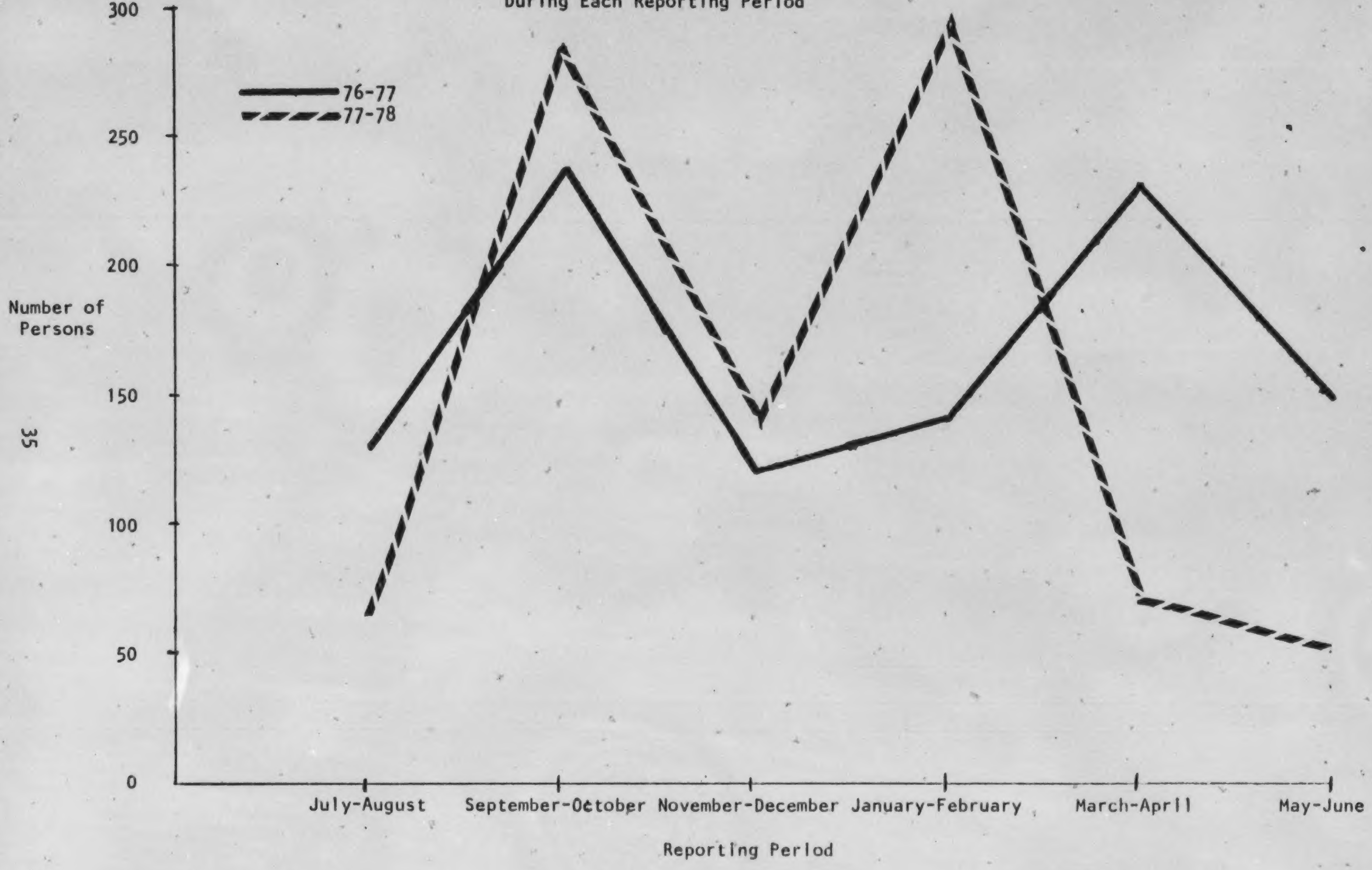
Figure III-1

Number of Persons Receiving Onsite Training*
During Each Reporting Period



* Usually longer than two days

Number of Persons Receiving Offsite Training*
During Each Reporting Period



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* 2-day sessions usually, although data includes one 1-day session for Utah in Jan-Feb (N=66); two 1-day sessions for Arkansas in Mar-Apr (N=35); one 1-day session for Wisconsin in Jan-Feb (N=8) & three 1-day sessions in Sep-Oct (N=51); and one 1-day session in West VA. in Mar-Apr (N=31).

The largest percentage of people trained were home visitors (46%) although there was substantial variation across the Training Centers, e.g., only 17% of the trainees at one center were home visitors while 67% of the participants at another were home visitors. One HSTC accounted for the largest percentage of administrators attending training sessions--21% of their trainees were administrators. Overall, 48% of all HSTC participants were delivering home-based services at the time of training. The largest percentage of trainees who delivered such services ranged from 91% to 23%. The majority of persons trained by the HSTCs were from rural/urban areas, but the largest percentage of trainees at two HSTCs were from strictly rural areas.

Year C Training Sessions

During Year C, 48 training sessions were held at the HSTCs and 47 were held offsite. A total of 1,524 persons were trained. In contrast to Year B, only two centers conducted more sessions offsite than onsite. Again, considerable variation was apparent among the Training Centers in the number of sessions conducted--one held 22 sessions while two others each held seven. And most of the programs using the HSTCs and most of the staff trained were Head Start affiliates. As was the case in Year B, home visitors accounted for the largest percentage of participants trained (54% overall). At one site, 76% of the participants were home visitors while only 39% of those receiving training at another were home visitors. As in Year B, the percentage who were administrators ranged from 28% at one site to 4% at another. Slightly more than one-half of those who received training during the week-long sessions were providing home-based services at the time. All of the trainees at one HSTC were providing these services when they were trained, but only 17% of the persons trained at another center were providing home-based services. Most of the persons trained by the HSTCs were from either rural or rural/urban areas.

Comparison of Year B and Year C Training Sessions

Although the number of training sessions conducted remained constant across the two years, both in terms of the overall number and in the almost equal split between onsite and offsite sessions, the number of persons trained decreased by about 19% (346 fewer people received training in Year C). Although two of the HSTCs trained more people in Year C, the other four decreased the number of people trained. Most of this change was due to an 86% decrease in the number of non-Head Start persons trained. Even though, in both years, a large majority of programs and staff trained at the HSTCs were Head Start affiliates, the proportion of non-Head Start persons (and programs) trained was substantially smaller in Year C (22% in Year B versus 4% in Year C). There were also changes in the number of training sessions held. Most notably, one site reduced the number of sessions it held from 16 in Year B to seven in Year C and another site increased from 10 sessions in Year B to 22 sessions in Year C.

Home visitors were the most frequent participants in HSTC training sessions during both years, representing 46% of the trainees in Year B and 54% in Year C (although the absolute number of home visitors decreased somewhat from Year B to Year C). This increase in percentage of trainees who were home visitors was due to the activities of three sites. Across sites, the percentage of trainees who were delivering home-based services at the time of training increased slightly (48% in Year B versus 55% in Year C).

One HSTC showed the most change in this category, with the percentage of trainees delivering home-based services increasing from 23% in Year B to 70% in Year C. Two sites on the other hand, showed decreases in this area. Another site maintained the largest percentage of home-based program participants with 91% of Year B participants providing such services and all of Year C participants doing so.

Observations of Training Sessions

Training Components

Observations of week-long training sessions were designed to focus on the ten components specified in ACYF's Guide for Home-Based Programs. These components were grouped into six clusters:[1]

- educational curriculum for children
- parent involvement techniques
- psychological and social services
- health and nutrition
- philosophy and operations of home-based programs
- techniques of working with parents and adult education.

An additional training component, which every HSTC devoted time to, was called "introductions and evaluations." Activities in this category included "ice-breaker" sessions, and activities that enhanced group communication, as well as provided feedback to trainers on the effectiveness of training.

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[1] The guideline descriptions of the ten program components are listed in Figure III-3, along with the six clusters on which the observations were based.

Figure III-3
Relationships Between Program Components
and Observation Variable Clusters

PROGRAM COMPONENT	OBSERVATION VARIABLE CLUSTER
1. Assist parents to increase knowledge, understanding, skills and experience in the growth and development of children. 3. Identify and reinforce experiences which occur in those homes that parents can utilize as educational activities for their children.	*EDUCATIONAL CURRICULUM FOR CHILDREN*
2. Involve parents in education activities of program.	*PARENT INVOLVEMENT*
4. Assist families in their own efforts to improve the condition and quality of family life. 9. Enhance their skills in management of home-based programs. 10. Enhance skills related to assessment of community, parents, children and program.	*PHILOSOPHY AND OPERATIONS OF HOME-BASED PROGRAMS*
6. Assist parents in meeting health needs of the family. 8. Enhance families' understanding of the relationship between nutrition and the child's growth and development.	*HEALTH AND NUTRITION*
5. Assist parents to become more aware of community services and resources and to facilitate their use. 7. Facilitate the emotional well-being of families.	*PSYCHOLOGICAL AND SOCIAL SERVICES*

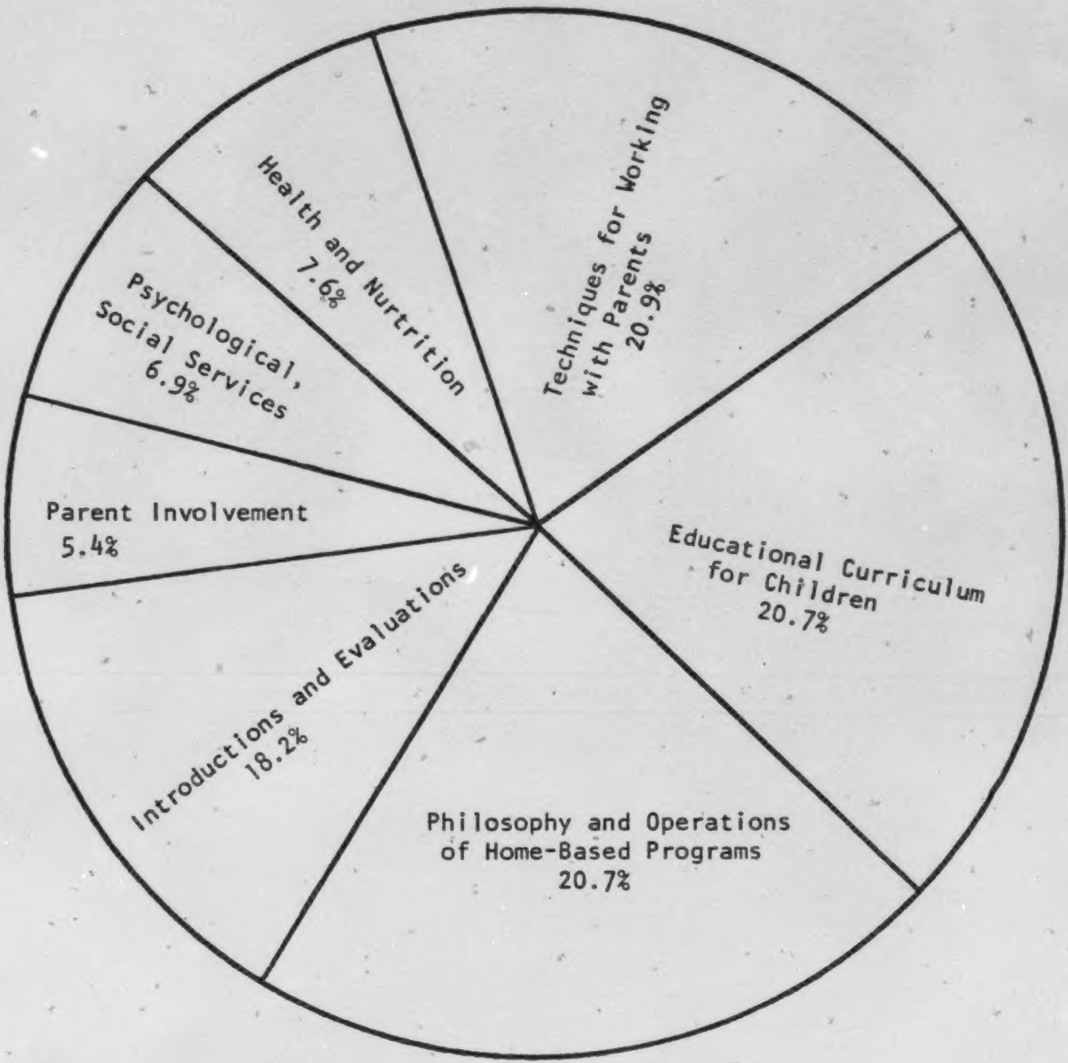
[1] Observation clusters were based both on prescribed guideline components and through empirical observation. Thus, although "techniques for working with parents" and "introductions and evaluations" were not included in the HSTC guidelines, they formed a substantial segment of training agendas, and were therefore documented.

Evaluators noted the content of each segment of training and the amount of time devoted to it. Judgments were then made as to which component was involved. An unavoidable difficulty in determining how much time each HSTC devoted to each component was the fact that the content of some of the components overlapped. For example, the component "assisting parents to increase their knowledge, understanding, skills, and experience in the growth and development of their children" was placed under the component cluster "curriculum for children," but involved the component cluster of "techniques of working with parents," depending on whether knowledge of child development or parent training was emphasized. Since these determinations were necessarily a matter of relative emphasis and observer judgment, the time proportions are approximations of actual training emphases. However, in the case of several sites, the judgment of more than one evaluator (usually the observer at the site plus another evaluator familiar with the other HSTCs who acted as a validator) was used in order to arrive at the most objective conclusion possible.

Overall, the six HSTCs devoted approximately equal time to educational curriculum for children (20.7%), philosophy and operations of home-based programs (20.7%), and techniques for working with parents (20.9%). Figure III-4 shows that somewhat less time was spent on introductions, ice-breakers and evaluations (18.2%), and a relatively short amount of time on the Head Start components of parent involvement (5.4%), psychological/social services (6.9%), and health and nutrition (7.6%). This, of course, was quite justified since the majority of participants were from Head Start organizations and were already quite familiar with the components. Moreover, "parent involvement" in the broadest sense is a major goal of home-based programs, and therefore, permeates almost every session. ("Techniques for working with parents," in fact, was

Figure III-4

Percentage of Training Time
Spent on Component Clusters



(Pie chart divisions are approximations) allocated the most time across all sites--20.9%). That "parent involvement" itself received relatively little attention is due to the fact that its meaning was restricted to involvement of parents in program activities outside the home. "Parent involvement" and "techniques for working with parents" together accounted for 26.3% of training time.

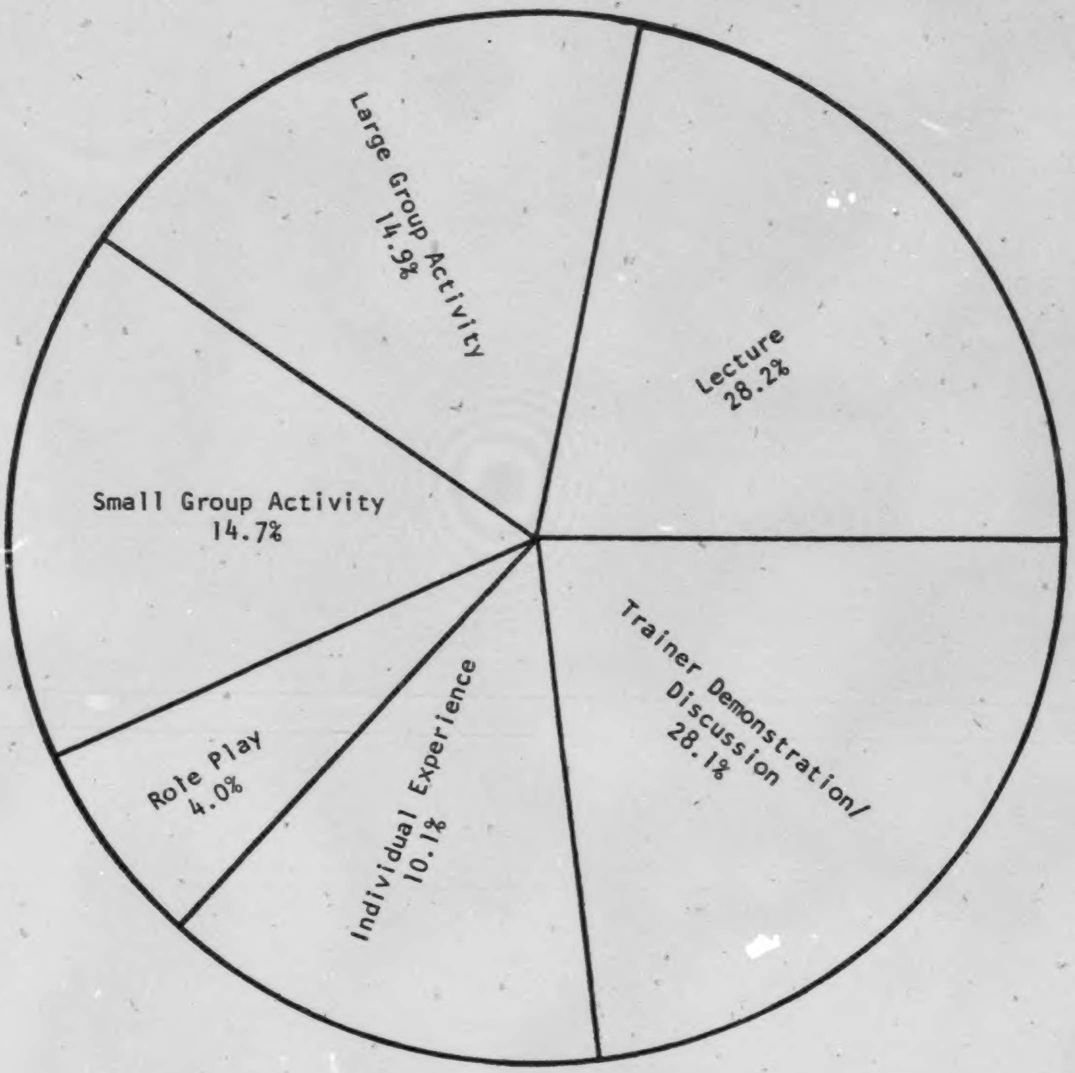
Training Techniques

Site observers at each HSTC were asked to record the length of time spent on each of six different training techniques: lecture, trainer demonstration/discussion, large group activity, small group activity, role play, and individual experience. Again, observers exercised judgment in deciding whether a session in which a presentor alternated between lecturing and eliciting discussion from participants was "lecture" or "trainer demonstration/discussion." Generally, a session was classified as "lecture" when the trainer spent at least 75% of the training time talking, even though occasional comments or questions were interjected by trainees. A "demonstration/discussion" included sessions in which audio-visual materials were used, and involved more discussion by participants than trainers. A "large-group activity" was one in which the whole group was actively doing something; in a "small-group activity," participants interacted in smaller clusters, and "individual experience" meant doing something on one's own.

Figure III-5 shows the proportion of time spent on the six techniques. Across all six HSTCs, the two most frequently used techniques were lecture and trainer demonstration/discussion (28.2% and 28.1%). Large-group activity and small-group activity were used almost equally (14.9% and 14.7%). Individual experience was used 10.1% of the time, and role play was used least often (4.0%).

Figure III-5

Percentage of Time Spent on Training Techniques Across all HSTCs



(Pie chart divisions are approximations)

Site Variation in Time Spent on Various Components and Techniques

Analyses of the variation among sites in the amount of time devoted to each component (Table III-3) revealed that one site allocated more time than other HSTCs to curriculum, while another spent more time than the rest on group process activities involving awareness of self, communication with others, and evaluation of training. In terms of content, then, these two HSTCs appeared to be quite different, although both spent almost the same proportion of time on the philosophy and operation of home-based programs.

Table III-4 displays the percentage of time that each HSTC devoted to different training methodologies. Although, across all sites, lectures and demonstrations/discussions were the most frequently used techniques, one HSTC used both techniques far less frequently than any other. Another HSTC, on the other hand, used lectures more frequently than others, and individual experiences least. Two HSTCs were similar in their frequent use of individual experience, but one of these used small group activity more than any other HSTC.

All HSTCs advocated techniques which involved "learning by doing," or a high degree of trainee participation. Small group activities, role play, and individual experiences demanded the most participation of those being trained. Of all the sites, one used all three techniques the most, although another followed closely in time spent on small group activities, and two in role play. Only one site exceeded them in the use of individual experience.

Table III-3

Percentage of Time Spent on Each Component by Site

Training Center	Curriculum	Parent Involvement	Psychological/ Social Services	Health and Nutrition	Philosophy and Operation of Home-Based Programs	Techniques of Working with Parents	Introductions and Evaluations
ARKANSAS	11.3	2.2	2.2	4.7	33.9	29.4	18.6
TENNESSEE	19.1	6.2	13.6	14.4	8.8	23.0	14.9
UTAH	19.6	3.0	11.5	6.2	28.1	19.0	12.5
WISCONSIN	48.6	5.2	1.9	1.9	17.0	13.2	12.1
WEST VIRGINIA	12.6	13.7	6.5	8.9	17.7	9.3	31.2
NEVADA	13.0	2.0	5.9	9.4	18.6	31.3	19.7
AVERAGE %	20.7	5.4	6.9	7.6	20.7	20.9	18.2

Table III-4

Percentage of Time Spent on Training Techniques by Site

Training Center	Lecture	Trainer Demonstration/ Discussion	Large Group Activity	Small Group Activity	Role Play	Individual Experience
ARKANSAS	36.9	31.5	11.6	6.2	3.7	10.0
TENNESSEE	39.2	27.8	14.4	14.4	3.1	1.0
UTAH	22.6	22.8	23.3	21.9	4.5	4.9
WISCONSIN	32.2	32.2	9.7	4.5	4.4	17.0
WEST VIRGINIA	8.6	19.8	20.5	28.9	5.9	16.3
NEVADA	29.9	34.5	9.9	12.0	2.1	11.6
AVERAGE %	28.2	28.1	14.9	14.7	4.0	10.1

Changes in Training Agendas

As mentioned earlier, the HSTCs were asked to complete a Changes-in-Training (CIT) form after every training session from January 1977 through June 1978. This form provided a means of documenting what kinds of changes, if any, were made during or after training sessions and why they were made. There are two reasons to expect some revisions from month to month in the training agendas: (1) variation among participants in the amount and kind of their home-based experiences, and (2) the ongoing technical assistance provided by the T&TA contractor. Although there was a certain amount of core information which each HSTC was expected to cover during a training session and certain experiences they were supposed to provide for participants, they also were supposed to respond to the individual needs of the participants. For example, if everyone at a particular session was unfamiliar with the concept of home-based teaching, trainers were supposed to present materials for the individual sessions differently than if all participants had one year of home visiting experience behind them. Thus, once participants made their needs and experiences known (through assessment procedures used by the HSTC early in the training week), trainers were responsible for ensuring that the week's session was responsive to these needs.

The T&TA contractor was responsible for observing training sessions and providing constructive feedback to the HSTC staff for improving their training. The training specialists from Children First, Inc. provided feedback on the entire range of training activities including the manner of presentation, the presentor's ability to judge participant interest and keep the group involved, and the kinds of additional information that could make a particular session more complete.

Although the CIT form stated that any changes in content, trainers, and methods were to be recorded, some directors were more complete than others in noting changes made from one session to the next. Also, meeting participant needs might not have necessitated a change in the agenda. For example, if one person wanted specific information on how to handle discipline problems in a classroom setting, the trainers might arrange for her to meet with one of the Head Start classroom teachers. This kind of responsiveness to individual participants would not neccessarily be reflected on the CIT form. What follows is a summary of the kinds of changes made that were due to trainee interest and to feedback from the T&TA contractor and that were recorded on the forms.

Four of the HSTCs mentioned changes due to participant interest on at least four of their monthly CIT forms. Two HSTCs responded to expressed participant needs by changing the focus or slant of particular sessions rather than by eliminating any session, although in a few instances new sessions were added. For example, in Year B during the February 1977 training week at one site, a session dealing with Head Start performance standards was eliminated because the participants preferred to attend a child abuse workshop that was being held on the college campus. Likewise, during a March 1977 session, the trainers at another site added a new session in child development that was appropriate for the college students who were participating in the training. The forms from another site made it apparent that considerable thought was given to each activity that happened during the training week and its effect on the participants; changes in materials, techniques, ice-breakers, sequencing and content were constantly being made. Another site reworked its agenda during three sessions to meet the needs of the agencies attending, e.g., during the September 1977 session, the participating agency requested that the entire session focus on behavioral objectives and task analysis. One site attributed change in only one agenda to participant interest. In another, major agenda changes were made during two training sessions to meet the needs of the participants--in October 1977 an administrative session was eliminated because the attending agency indicated their staff were already well aware of the information that was to be covered, and in December 1977 the trainers indicated that the agenda was "changed daily to meet the special needs of the trainees."

Three Training Centers attributed some changes in their agenda to feedback from consultants of Children First, Inc. One site, for example, made changes during the January 1977 session in some training techniques and in the content of a session dealing with the history of the Home Start program and the research findings from the demonstration project. Another site noted major changes in January, March, September and December 1977 that were suggested by the consultants. Some of these changes involved eliminating one of their two home visits and devoting more time to preparing for and processing the single home visit experience, adding more substance to the home-based history and research session, rescheduling the showing of a filmstrip and minimizing the use of their learning centers. One site made numerous changes in their February 1977 session, including a new needs assessment procedure, more involvement by the trainees in preparing for the home visit, and working the performance standards into the component discussions. All these changes were suggested by the consultant.

In sum, the CIT forms indicated that participant needs and interests resulted in some agenda changes in all of the Training Centers, although more so in four of the HSTCs, and that feedback by the T&TA consultants also produced agenda changes in three centers. HSTC training agendas changed over time as the trainers developed more effective ways of presenting relevant and practical information on implementing home-based programs.

Value of the Home Visit in Training

The field experience of an actual home visit was apparently a unique event for many participants in HSTC training. Over 60% of the respondents to the Training Effectiveness Questionnaire (see findings in Chapter IV) indicated that their other home-based training had not included home visits; 36.2% of respondents spontaneously reported that the home visit was one of the most helpful aspects of training.

Observations during week-long training sessions by site visitors indicated that there was some variation among HSTCs in their use of the home visit. Typical of all HSTCs was a briefing session by the home visitor about the family's situation before the actual visit. Usually, although not always, both immediate and long-range goals were outlined, so that participants had some context in which to observe the visit.

In four of the HSTCs, the participants' role during the home visits was simply to observe or to join in songs or games, generally taking as unobtrusive a role as possible. In the other two HSTCs, however, participants were expected to take a more active role. These HSTCs had participants go through the process of developing a lesson plan in conjunction with the home visitor, at least part of which they then had to carry out themselves during the home visit. At one site, participants went through the basic steps of planning a curriculum before making an individual lesson plan within the curriculum. Then, together with the home visitor they decided which objectives to accomplish during the home visit and who would do what. After practicing their activity through role playing, participants actually carried it out during both home visits.

In another site, participants first were taught the basic principles of the curriculum planning process, including the use of a developmentally sequenced curriculum checklist, precision teaching, task analysis, and behavioral objectives; then they wrote activity charts to use during the home visit before observing one home visit at the Training Center, one home visit in the home, and then carrying out their activity during the second home visit. As part of this process each participant used the records of an actual family to choose activities and write objectives. The participants met with the home visitor before and after completing the activities to find out more about the specific family and to get ideas on materials to use during the visit and strategies for presenting activities. While all of the HSTCs believed in learning by doing, two sites in particular implemented the principle to the greatest degree in their participants' preparation for and utilization of the field experience.

Other Training Center Activities

During the weeks when no onsite or offsite training was scheduled, HSTC staff were involved in a variety of activities. For the most part, these activities fell into one of three categories: administrative tasks (such as responding to requests for HSTC training and home-based information, conducting briefings and making presentations on the home-based concept. and scheduling training); training tasks (such as developing training materials, incorporating changes in the training agenda, preparations for follow-up or other offsite training, and general preparations for the next training session); and ongoing home-visit-related tasks (such as conducting home visits, supervising home visitors, and attending or conducting inservice training for the home visitors). Data were collected through interviews and through the Statistical Data Forms provided by the HSTCs on some of their administrative, training, and home-visit-related activities. Some of these Training Center activities are described in more detail below.

Administrative Tasks

Follow-up procedures. During Year C (1977-78) the Training Centers informed participants (during the actual training session) that follow-up training was available. Two of the centers initiated contact with the sending organizations after the initial training while the other four centers depended on the individual sending agencies to approach the HSTCs when they felt the need for follow-up training. One center's agreement with each sending agency specified that the HSTC would provide follow-up training to one-third of all participants (this figure was based on the training budget). To facilitate follow-up training a questionnaire was mailed to each sending agency six weeks after initial training to determine what progress was being made and whether additional training was needed. Those respondents who indicated the need for more training were called and scheduling arrangements were worked out. Another HSTC contacted each sending agency three to five months after the initial training to find out what kind of additional training was needed.

Dissemination of materials. One function of the HSTCs, as mentioned earlier, was to inform community agencies and educators of the home-based option and the services provided by the Training Centers. The number of requests for home-based materials and requests for information about the HSTCs more than doubled from Year B to Year C indicating that HSTCs were making themselves known as specialists in home-based program operations (see Table III-5 and Figure III-5). In Year B HSTCs received and responded to 1,312 requests for information or materials on home-based programs and in Year C 2,832 such requests were acted on. The change in figures was due to a substantial increase in the amount of materials disseminated by three of the centers.

Training Tasks

Besides preparing for and conducting week-long onsite training sessions, HSTCs made site-specific preparations for follow-up training, usually offsite, at the sending agency's own facilities.

Follow-ups and briefings. The Training Centers provided follow-up training to 435 persons in Year B and to 439 persons in Year C (see Table III-5). Even though the overall number remained stable over two years, the number of persons who received this type of training varied within site

Table III-5

Number of Persons Receiving Follow-up Training, Briefings and Requesting Home-Based Materials

	YEAR B			YEAR C			YEARS B & C		
Site	Number Persons Receiving Follow-up Training	Number Persons Briefed	Requests for Information and Materials	Number Persons Receiving Follow-up Training	Number Persons Briefed	Requests for Information and Materials	Number Persons Receiving Follow-up Training	Number Persons Briefed	Requests for Information and Materials
ARKANSAS	81	782	256	166	906	215	247	1688	471
TENNESSEE	61	399	625	0	276	1055	61	675	1680
UTAH	0	115	150	61	141	124	61	256	274
WISCONSIN	200	297	99	55	772	1145	255	1069	1244
WEST VIRGINIA	31	367	85	97	498	233	128	865	318
NEVADA	62	138	97	60	101	60	122	239	157
TOTAL	435	2098	1312	439	2694	2832	874	4792	4144

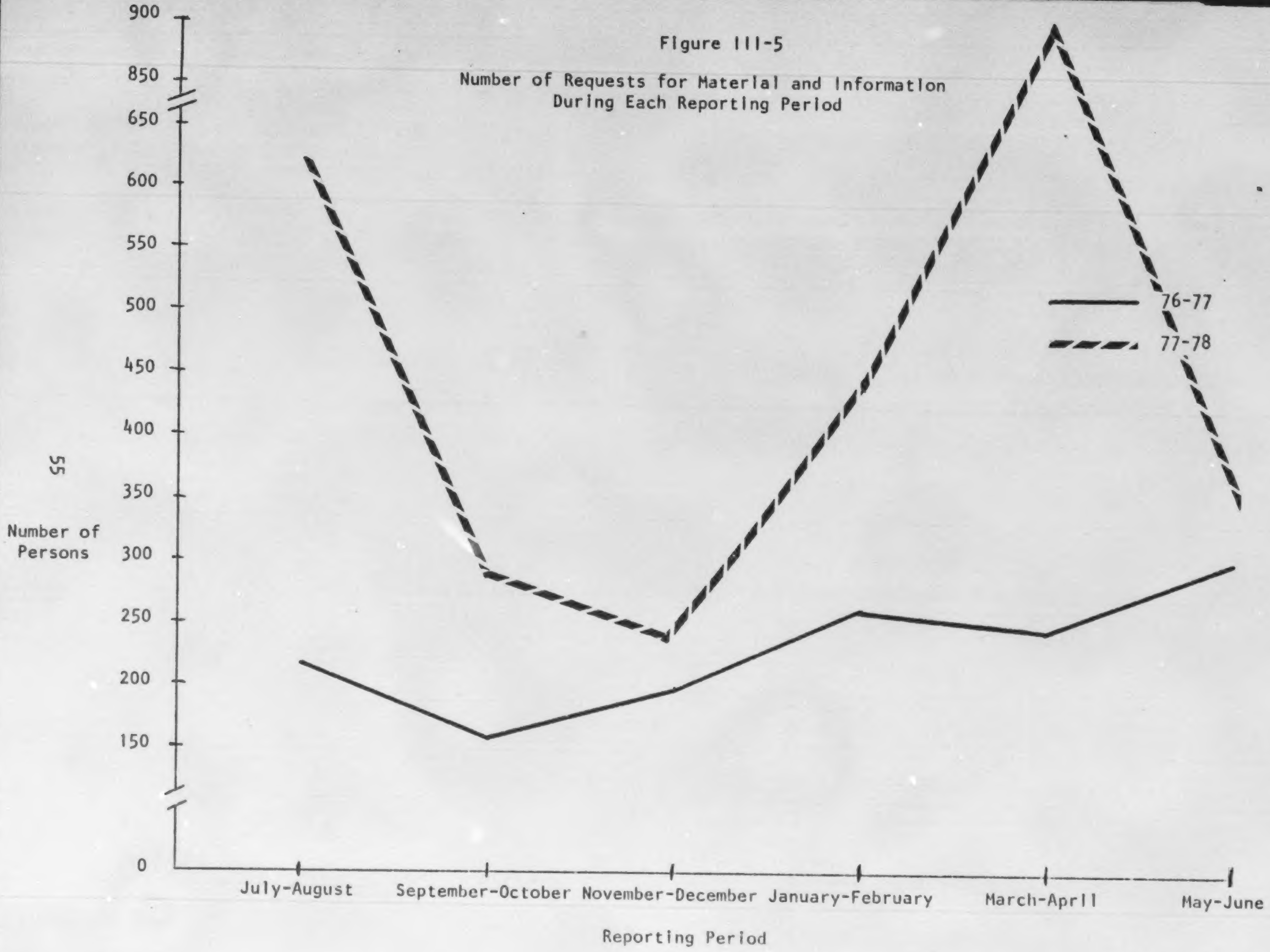


Figure III-5

Number of Requests for Material and Information During Each Reporting Period over the two-year period. One site, for example, did not offer follow-up training in Year B because of lack of funds, but provided follow-up to persons in Year C. During Year B, one site conducted follow-up training for only 31 persons because of their CAA's policy favoring training at one specific location only. This policy was changed during Year C, and the site subsequently provided follow-up services to 97 individuals. Another HSTC provided follow-up training to twice as many persons in Year C as in Year B while another center provided follow-up training to substantially fewer persons in Year C than in Year B. One site didn't conduct any follow-up training in Year C.

The HSTCs reached a sizable audience through their briefings to various community agencies, universities and school districts (see Table III-5). In Year B 2,098 persons attended these briefings and in Year C 2,694 persons were briefed on the home-based concept and the services offered by the HSTCs. One HSTC accounted for the most persons briefed in both Years B and C (782 and 906, respectively) while two others accounted for the smallest number of persons briefed during both years (from 101 to 141).

Participation in national training network. HSTC staff have been visible at both Home Start and Head Start conferences and workshops. Staff from all HSTCs made presentations at the Home Start Conference in Oklahoma City (fall 1977) and at the Head Start Conference in El Paso (spring 1977) and have attended NAEYC conventions, regional workshops, state education department sponsored workshops and the like. A site visitor who had attended the national conferences also observed during site visits that training techniques and exercises presented to HSTC staff by consultants at these national conferences were incorporated very quickly into their own training sessions.

Home Visiting Tasks

Inservice staff training. All Training Centers provided regular inservice training for their HSTC staff. One site set aside as a minimum three days a month for training in child development and other component areas. At another HSTC, home visitors spent one day a week in the home office dividing their time equally between processing their week's home visits, and receiving information and training in child development, curriculum development, etc. One HSTC devoted one day a week to inservice training and usually arranged for an outside consultant to provide the training at two of these inservice meetings per month. Two HSTCs held weekly staff meetings and one HSTC scheduled monthly meetings with the home visitors to discuss the HSTC training sessions and their involvement in them. Two HSTCs conducted two-day or longer inservice training sessions for their staff prior to the start of the 1977-78 training year while one center conducted such training for their staff in November 1977.

Supervision of home visitors. All HSTC directors accompanied their home visitors on home visits, although not always during a training week. The frequency with which HSTC directors accompanied home visitors varied across sites with one HSTC director going on one home visit each month and another director going on three home visits during Year C. Again, it should be pointed out that not all HSTC directors were directly responsible for the home visitors who took part in the HSTC training sessions; one agency identified a home visitor supervisor to fill that role.

Summary

The ACYF information needs, listed in Chapter II, form the basis for summarizing the operations of the Home Start Training Centers (see the italicized headings, below). In addition to the specific information needs summarized here, this chapter described the relative smoothness of the initial process of converting from home-based programs to training facilities. This was accomplished with only minimal transition problems by the HSTCs. In addition, the chapter described the wide range of HSTC activities that are necessary for maintaining a training facility (in addition to the prime function of conducting training sessions). These activities included extensive mailings and information to interested persons and formal briefings to inform people about the home-based concept. Each HSTC also maintained a home-visiting program serving sizable numbers of families and conducted periodic inservice training for the center staff.

What roles did trainers assume in the training process?

Center directors and assistant trainers were responsible for certain individual sessions and for seeing that all sessions were responsive to participant needs. There was variation among sites in the extent to which home visitors were involved in the training week and the extent to which outside consultants were used. At all HSTCs home visitors had important roles in the supervised field experience (the home visit), and one HSTC made extensive use of home visitors throughout the training sessions.

Did trainers' previous roles in Home Start match their roles in training?

Although most of the core HSTC training staff had no training experience, they did have home visiting experience. At four HSTCs, all the home visitors/trainers had been home visitors in the former demonstration project; one site concentrated on staff with adult-training skills and so did not use previous Home Start staff to the same extent; and one HSTC was not part of the demonstration project, but selected staff who were experienced in both home visiting and training.

What were the demographic characteristics of trainers?

Generally, the staffs of the HSTCs were similar. Five of the six directors were white, all but one were women, four of the six had master's degrees and the other two had bachelor's degrees. All of the home visitor/trainers in the centers were women, in four of the six centers they were white, most had some college education and nearly all had children of their own. Although there was some staff turnover among certain centers, continuity was generally maintained by promoting experienced staff from within.

How many people were trained? What types of people were trained?

In Year B 1,870 people received initial home-based training while in Year C 1,524 persons were trained. Across both years almost one-half of the participants were home visitors, 12% were administrators and 17% were component specialists. Slightly more than one-half of the participants were providing home-based services at the time of training and most were from rural or rural/urban areas.

Was any follow-up training offered to participants?

All HSTCs offered follow-up training to their participants. In all, 435 persons (23% of those receiving initial training) received follow-up training in Year B and 439 (27%) in Year C.

What was the content of training? Were the ten components of the Training Center Guidelines implemented?

For observation purposes the ten components in the HSTC Guidelines were regrouped into six; all components were observed during the training sessions. The centers spent considerable time dealing with the philosophy and operations of a home-based program and educational curricula for children. Parent involvement and techniques for working with parents received the greatest share of attention (more than one quarter of total training time). HSTC staff also made appropriate adjustments in training agendas to accommodate the needs of particular participants.

What training processes were used by the HSTC?

Various training methods were used by the Training Centers. Lecture and discussion/demonstration were the most frequently used techniques, and the smallest amount of time was spent in role-play and individual experience. Nevertheless, for 55% of the training participants the home visit experience was unique--an experience not offered in any of their other training opportunities.

IV

THE RESPONSE TO HSTC TRAINING

The effectiveness of HSTC training was estimated by surveying persons who had received training between July 1976 and April 1978 and by surveying the supervisors of the training participants. This chapter reports first on the sample sizes and response rates of the Training Effectiveness Questionnaire (TEQ) and the Sending Organization Supervisor's Questionnaire (SOSQ). It presents data on the representativeness of the respondents in terms of the type of agency for which they work, the length of training session in which they participated, the location of training, the time interval since training occurred, and demographic characteristics of respondents. The chapter then goes on the present data on the effectiveness of the HSTC training as perceived by those who participated in training and by the participants' supervisors.

The Survey Sample

Sample Size and Response Rate

Each of the six HSTCs compiled and sent to High/Scope the names of all persons who participated in onsite training (at the HSTC) or in two-day or longer offsite training during Year B (1976-77) and Year C (1977-78). The names of participants' supervisors were also obtained whether they had attended or not. (It was possible for a supervisor who had attended training to receive two forms--the TEQ aimed at all who were trained and the SOSQ aimed at their supervisors.)

After eliminating duplicates (supervisors listed several times) and staff members associated with the HSTC or closely connected to it through its Head Start staff, 1,525 TEQs were mailed to trainees and 323 SOSQs were mailed to their supervisors. The overall response rate was 33.3%, although it was higher for the supervisors (45.5%) than for participants (30.7%). Likewise, overall response rate was higher for Year C (35.7%) than Year B (30.3%).

The lower response rate for the participants than for their supervisors may have been due to several factors. One major factor might be the amount of job turnover since 1976-77 (response rate for the TEQ for 1976-77 was only 27%). Other factors affecting response rate were changes of address, of agencies as well as of individuals, the closing down of agencies both over the summer and permanently, and the loss of some forms in the mail. Moreover, upon receipt of a few forms, it became apparent that some staff had participated in the training conducted at their own agency even though their role had little relevance to home visiting. Therefore, the responses of those who were cooks, bus drivers, office managers, secretaries, or the like, were also eliminated (although their involvement may have benefitted the agency, their experience would not have been relevant to the survey questions). The ultimate sample size and response rate for the TEQ and the SOSQ in each year are shown in Table IV-1. Table IV-1 indicates that 55% of the sample were trained in Year C, and 59% of the responses were from Year C. Thus, those connected with training in 1977-78 were somewhat more likely to respond than those connected with training in 1976-77.

Table IV-1

Sample Sizes and Response Rates for TEQ and SOSQ

	Number Mailed			Number Returned			Response Rate (%)		
	Year B	Year C	Total	Year B	Year C	Total	Year B	Year C	Total
TEQ	686	839	1525	186	282	468	27.1	33.6	30.7
SOSQ	146	177	323	66	81	147	45.2	45.8	45.5
TOTAL	832	1016	1848	252	363	615	30.3	35.7	33.3

Demographic Characteristics of TEQ Respondents

Since demographic variables might have had considerable influence on how participants in HSTC training perceived the training, several characteristics of participants (sex, ethnicity, educational level, age, and geographical location) were documented. Table IV-2 shows the overall number and percentage of respondents to the TEQ in each demographic category (the SOSQ did not ask for demographic information).

The overwhelming percentage of participants at the HSTCs were women, the majority were white, they were evenly split between having some college experience and having graduated from college, most were in their twenties and thirties, and most were from rural or rural/urban areas, with very few from strictly urban areas. The Statistical Data Forms collected from the HSTCs revealed a similar distribution for geographical location of all participants from 1977-78, but a very different distribution for the preceding year, when 59.7% of trainees came from rural/urban areas, 14.2% from urban areas, and 26.1% from rural areas. Therefore, the survey respondents in Year B underrepresented rural/urban areas and overrepresented rural areas (about 42% of survey respondents in each year were from rural/urban programs).

An analysis of other demographic characteristics of the responding participants by year showed only minor differences between Years B and C. In Year C there was a slightly higher proportion of men than in Year B, a higher proportion of American Indians and blacks, a smaller proportion of Hispanics, a smaller proportion of college trained personnel (and more high school graduates), and more trainees in their twenties and fifties.

Table IV-2

Demographic Characteristics of Participants by Program Year

	Year B		Year C		Two-Year Totals	
Characteristic	N	%	N	%	N	%
SEX						
Female	171	93.4	253	90.7	424	91.8
Male	12	6.6	26	9.3	38	8.2
Total*	183		279		462	
ETHNICITY						
Hispanic	20	11.0	20	7.4	40	8.8
American Indian	2	1.1	9	3.3	11	2.4
Asian	2	1.1	0	0	2	0.4
Black	32	17.7	55	20.2	87	19.2
White	125	69.1	188	69.1	313	69.1
Total*	181		272		453	
EDUCATION						
Some High School	2	1.1	5	1.8	7	1.5
High School Graduate	14	7.7	39	14.1	53	11.5
Some College	82	45.1	117	42.2	199	43.4
College Graduate	84	46.2	116	41.9	200	43.6
Total*	182		277		459	
AGE						
20-29	52	28.6	97	34.8	149	32.3
30-39	70	38.5	102	36.6	172	37.3
40-49	42	23.1	50	17.9	92	20.0
50-59	18	9.9	30	10.8	48	10.4
Total*	182		279		461	
GEOGRAPHIC LOCATION						
Rural	78	42.9	112	40.7	190	41.6
Rural/Urban	76	41.8	117	42.5	193	42.2
Urban	28	15.4	46	16.7	74	16.2
Total*	182		275		457	

*Total Ns vary because respondents did not answer all questions.

A look at the small number of men who participated in HSTC training revealed them to be significantly dissimilar in terms of education from the rest of the sample (see Table IV-3; $\chi^2 = 48.7, p < .001$). All but one were college graduates, while only 38.8% of the women were college graduates.

Type of Program

Since HSTCs generally attempted to respond to all requests for training, some who participated in training came from agencies which were already home-based, some from agencies which were converting to or seriously considering implementing a home-based option, and some from agencies which were neither home-based nor considering it, but for a variety of reasons desired the training. Since the type of organization from which participants came might have affected their evaluation of the experience, their sending organizations were classified as home-based (in which there were regular home-based activities) or non-home-based (center-based or other) and the number and percentage of responses from each were tabulated (see Table IV-4). Overall, about three-fourths of those responding worked in home-based programs. According to information from the Statistical Data Forms, however, only 51.2% of those participating in training came from home-based programs (see Chapter III). Thus it seems that those from non-home-based organizations were less likely to respond to the questionnaires, and are under-represented in the survey sample.

Length of Training Session

Most training sessions conducted at the HSTCs were typically 5-6 days in length, and it was to this audience that the effectiveness questionnaires were originally directed. However, due to geographical factors and trainee

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Table IV-3

Number and Percentage of Men and Women Participants by Educational Level

Education	Female	Male	Total
High School Graduate or Less			
N	58	1	59
%	13.8	2.6	12.9
Some College			
N	199	0	199
%	47.4	0	43.4
College Graduates			
N	163	37	200
%	38.8	97.4	43.7
Total N	420	38	458

$\chi^2 = 48.7$

$p < .001$

Table IV-4

Percentage of Respondents from Home-Based and Non-Home-Based Respondents

Type of Agency	AR	TN	UT	WI	WV	NV	All Centers
TRAINING EFFECTIVENESS QUESTIONNAIRE							
Home-based	63	80	58	75	82	100	75
Non-home-based	37	20	42	25	18	0	25
N	*93*	*80*	*76*	*77*	*88*	*54*	*468*
SENDING ORGANIZATION SUPERVISOR QUESTIONNAIRE							
Home-based	72	79	50	76	82	100	76
Non-home-based	28	21	50	24	18	0	24
N	*32**	*24*	*16**	*25**	*27**	*11*	*135*

*Some supervisors failed to identify their organization as to type, so that Ns are slightly smaller than totals who responded.

demand, several sites conducted shorter, intensive training sessions offsite and some condensed sessions onsite. Since length of exposure to the HSTC might have potentially affected participants' evaluation of their training experience, it was necessary to ascertain the length of session to which they had been exposed. This information is presented in Table IV-5. From Table IV-5 it is evident that about four-fifths of the respondents participated in week-long training sessions. There was some variation among HSTCs, however, with Utah respondents more likely to have participated in shorter sessions and Tennessee respondents more likely to have attended full-week sessions.

Location of Training Session

Although length of training session often corresponded with the location of training (longer sessions usually occurring at the HSTC, shorter sessions at the participants' own organization), this was not always so. Therefore, it was important to determine where the training took place, since participants' evaluations of onsite and offsite training might be significantly different. Table IV-6 displays the percentage of respondents from sessions which occurred at the HSTC and the percentage of respondents from sessions which occurred at the participants' own agency.

Table IV-6 shows that respondents from all of the HSTCs with the exception of Utah and Nevada were generally trained at the HSTC. Respondents trained by Utah and especially by Nevada were more apt to have received the training at their own agency, rather than the HSTC. The supervisors of those who received training, however, were more apt to respond if their staff had received training at the HSTC. The exception was Nevada. Overall,

Table IV-5

Number and Percentage of Respondents by Session Length

Length of Session	AR		TN		UT		WI		WV		NV		All Centers	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
TRAINING EVALUATION QUESTIONNAIRE														
2-3 days	23	24.7	5	6.3	44	58.7	7	9.7	12	13.7	10	8.5	101	21.6
4-6 days	70	75.3	75	93.7	31	41.3	70	90.9	76	86.3	44	81.5	366	78.4
SENDING ORGANIZATION SUPERVISOR QUESTIONNAIRE														
2-3 days	8	24.2	1	4.2	5	26.3	4	14.8	8	25.8	3	27.3	29	20.0
4-6 days	25	75.8	23	95.8	14	73.7	23	85.2	23	74.2	8	72.7	116	80.0

Table IV-6

Percentage of Responents by Training Location

LOCATION OF TRAINING	AR	TN	UT	WI	WV	NV	ALL CENTERS
TRAINING EFFECTIVENESS QUESTIONNAIRE							
At HSTC	81	100	45	73	100	24	74
At Agency	19	0	55	27	0	76	26
SENDING ORGANIZATION SUPERVISOR QUESTIONNAIRE							
At HSTC	100	100	75	100	97	36	91
At Agency	0	0	25	0	3	64	9

supervisors' responses, therefore, probably do not adequately judge the effectiveness of training conducted by HSTCs at the receiving agency.

Time Elapsed Since Training

All participants in training during Year B (July 1976 to June 1977) and during Year C (July 1977 to April 1978) received questionnaires. Since the amount of time elapsed since training might have systematically influenced respondents' evaluation of training effectiveness, information was obtained regarding the length of time since training occurred. Table IV-7 shows the distribution of number of months since training took place. As can be seen from Table IV-7, over 62% of the responses were received from supervisors and from participants within twelve months of their training.

Evaluation of Training Effectiveness

Evaluations of HSTC training effectiveness were made by participants on the Training Effectiveness Questionnaire and by supervisors of trainees on the Sending Organization Supervisor Questionnaire. Five aspects of training effectiveness were rated on a Likert-type scale by TEQ respondents:

1) relevance of training to interests and experience,
2) practicality of training,
3) future role relevance,
4) effectiveness of trainers as teachers, and
5) extent to which trainers shared ideas based on personal experience.

Table IV-7

Percentage of Respondents by Months Since Training

Questionnaire	1-6 Months	7-12 Months	13-18 Months	19-24 Months
Training Effectiveness Questionnaire	29.6	32.1	19.3	19.0
Sending Organization Supervisor Questionnaire	27.9	30.6	20.4	21.1

Comparisons between HSTC and other home-based training were also elicited from participants by means of a Likert-type scale rating four aspects of training:

1) methods and training techniques,
2) content of training,
3) effectiveness of trainers as teachers, and
4) home visits.

Participants were also asked in open-ended questions which parts of training were least and most helpful, what they were doing differently as a result of the HSTC training, and as an indirect measure of effectiveness, whether they would seek additional training from the HSTC.

Supervisors were asked to rate HSTC training effectiveness by comparing the HSTC training to other training which was available to their staff and by comparing it to other home-based training which their staff might have experienced. Effectiveness is generally not an absolute quality, but instead is relative to those experiences which are within the individual's social context. Depending on what other kinds of training were available or had been experienced, evaluating effectiveness in relation to the other training may be a more stringent measure than simply asking about effectiveness in general. Supervisors were expected to be more knowledgeable than their staff with respect to other available training, but both supervisors and participants in HSTC training were given the opportunity to evaluate other home-based training.

Supervisors were also asked whether HSTC training was more effective for certain staff positions than for others, and what staff members were doing differently as a result of their HSTC training.

Indirect measures of effectiveness were also obtained from the supervisors:

- whether staff had received follow-up training,
- whether follow-up training was sought from the HSTC, and
- whether plans for future training involved the HSTC.

Participants' Effectiveness Evaluations

Ratings of five training dimensions by the participants (the relevance of training to their background and interests, the practicality of training, its relevance to their future role at their agency, the teaching ability of trainers, and the extent to which trainers shared ideas based on personal experience) are shown in Table IV-8.

Table IV-8 reveals that across all five dimensions, 78.1% of respondents gave HSTC training the two highest ratings. The dimension receiving the highest combined ratings was "trainers as effective teachers." Almost 88% of the respondents rated HSTC trainers as "substantially" or "to a very great degree" effective, while none rated them "not at all" effective. The next most positive ratings were for "trainers shared ideas based on personal experience." Over 85% of the respondents believed that the HSTC trainers shared helpful ideas "substantially" or "to a very great degree." The future role of the participant was, perhaps, the area over which the HSTCs exercised least control, and it fared least well in the ratings. However, 62.6% of respondents accorded it the two highest categories.

Table IV-8

Overall Effectiveness Ratings by Training Participants

Item	Item N[1]	Not at all	Slightly	To some degree	Substantially	To a very great degree
		Percent Responding in Each Category				
TRAINING RELEVANT TO INTERESTS						
1976 - 1977	*184*	1.1	1.6	23.9	45.1	28.3
1977 - 1978	*277*	0	4.3	20.2	40.8	34.7
Combined years	*461*	.4	3.3	21.7	42.5	32.1
TRAINING PRACTICAL						
1976 - 1977	*185*	0	2.2	14.1	51.9	31.9
1977 - 1978	*273*	.4	2.9	20.1	37.7	38.8
Combined years	*458*	.2	2.6	17.7	43.4	36.0
TRAINING RELEVANT TO FUTURE ROLE						
1976 - 1977	*181*	2.2	4.4	30.4	36.5	26.5
1977 - 1978	*274*	1.1	8.0	28.5	32.1	30.3
Combined years	*455*	1.5	6.6	29.2	33.8	28.8
TRAINERS AS EFFECTIVE TEACHERS						
1976 - 1977	*184*	0	2.7	9.8	37.0	50.5
1977 - 1978	*266*	0	1.9	10.2	37.2	50.8
Combined years	*450*	0	2.2	10.0	37.1	50.7
TRAINERS SHARED IDEAS						
1976 - 1977	*185*	0	3.8	10.8	34.6	50.8
1977 - 1978	*275*	.7	4.0	9.5	34.9	50.9
Combined years	*460*	.4	3.9	10.0	34.8	50.9

[1] Item Ns vary because of missing data.

Changes Over Time

Since most HSTCs were making modifications in their training content and agendas during the two years of the evaluation, whether ratings improved or declined between Year B and Year C was documented (see Table IV-8). On the first three dimensions the percentage of ratings in the top category, "to a very great degree," increased slightly from 1976-77 to 1977-78. If one assesses positive or negative change by combining the percentage of the two highest ratings on each dimension for each year, it appears that there was very little change overall between Year B and Year C, except for the "practicality" dimension, which showed a decline from 83.8% in Year B to 76.5% in Year C in the two highest rating categories. Three of the other dimensions showed slightly positive changes in Year C, and one showed a slightly negative change, but the differences are too small to attach much weight to them.[1] There were slightly more ratings in the two lowest categories in Year C on four of the five dimensions, so it is possible that recency of training resulted in stronger opinions in both directions.

Participants' Comparisons of HSTC Training with Other Home-Based Training

Slightly more than three-fourths of the participants in HSTC training had experienced other home-based training. These participants were asked to compare the HSTC training to other home-based training on four dimensions:

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[1] Analyses of these dimensions by year, in fact, revealed that only on the "practicality" dimension was the relationship significant ($\chi^2 = 9.8$; $p < .05$).

- methods and training techniques,
- content of training,
- effectiveness of trainers as teachers, and
- home visits.

The overall results appear in Table IV-9. Across all four of these dimensions, an average of 62.1% of respondents who had experienced other home-based training rated the HSTC training more favorably (i.e., "better" or "much better"). And there were no significant changes from Year B to Year C on any of the dimensions. When one considers that "other" home-based training may have been conducted by professional consultants (the most frequently identified source of other training), by personnel from other home-based programs, or by Child Development Associate training, among other possiblities, this seems to be substantial approval.

The element of HSTC training rated most favorably in comparison to other home-based training was "content," with 64.4% of respondents rating it "better" or "much better." Home visits appear to have compared least favorably with other training, but it should be pointed out that 57.2% of respondents considered the HSTC home visit experience "better" or "much better" than their other home-based training. Even more important, the lower response rate for this item is due to the fact that only 182 out of the 333 persons answering this item had had other training that included home visits.

Table IV-9

HSTC Training Compared with Other Home-Based Training by Participants

Percent Responding

	Item N[1]	Much Worse	Not as Good	About the Same	Better	Much Better
METHODS AND TECHNIQUES						
1976 - 1977	*146*	0	6.2	29.5	43.8	20.5
1977 - 1978	*187*	.5	7.5	32.1	36.4	23.5
Combined years	*333*	.3	6.9	30.9	39.6	22.2
CONTENT						
1976 - 1977	*140*	.7	4.3	29.3	45.0	20.7
1977 - 1978	*183*	.5	6.0	30.1	37.2	26.2
Combined years	*323*	.6	5.3	29.7	40.6	23.8
TRAINERS						
1976 - 1977	*127*	0	5.5	26.0	40.2	28.3
1977 - 1978	*165*	1.2	7.3	33.3	32.1	26.1
Combined years	*292*	.7	6.5	30.1	35.6	27.1
HOME VISITS						
1976 - 1977	*79*	1.3	7.6	34.2	30.4	26.6
1977 - 1978	*103*	1.9	7.8	33.0	29.1	28.2
Combined years	*182*	1.6	7.7	33.5	29.7	27.5

[1] Item Ns vary because of missing data.

Supervisors' Effectiveness Evaluations

As noted earlier, perceptions of training effectiveness were also obtained from supervisors of participants in HSTC training through the Sending Organization Supervisor Questionnaire. Type of sending organization, length of training session, location of training, and months since training for SOSQ respondents are all summarized in Tables IV-4 through IV-7. Suffice it to say here that a total of 147 supervisors responded to the Sending Organization Supervisor Questionnaire, 66 from Year B and 81 from Year C. The mean number of respondents per Training Center was 24.5. The staff of most (91%) of the supervisors had been trained at the HSTCs rather than at their own agency. More than 76% of respondents overall were working in a home-based agency.

Many supervisors indicated that their staff had had more contact with the HSTC than merely the shorter (1-3 days) or longer (4-6 days) training sessions. They were asked to indicate which kinds of training their staff had received--a short orientation, 2-3 day onsite or offsite training, 4-6 day onsite or offsite training, or follow-up training. A total of 197 responses were made by the 147 supervisors to these options, indicating that up to 50 supervisors checked more than one type of training. (Some may have checked more than two types.)

The majority of respondents to the SOSQ were Head Start Directors (51%), 11.2% were home-based supervisors, 10.5% were component specialists, and 23.1% were classified as "other" (e.g., handicap coordinator, Agency Director (non-Head Start), Tribal Council Chairman, Board of Education member, Regional Office staff, university professor, etc.).

Supervisors' Comparisons of HSTC Training with Other Training

Supervisors were asked two directly evaluative questions on the SOSQ: "Did the HSTC provide better training for your staff than was available elsewhere?" and "How does the HSTC training your staff received compare with other home-based training they have received?"

Sixty-eight percent of the supervisors reported that the HSTCs provided better training for their staff than was available elsewhere. However, 25.4% reported that they did not know whether the HSTC training was better (see Table IV-10). On the other hand, 6% overall believed it was not as good as other available training. In general, then, the large majority of supervisors gave a very positive evaluation of HSTC training.

Supervisors who were asked to compare HSTC training with other home-based training (Table IV-10) responded with an even smaller percentage of negative evaluations (3.7% "not as good"). Also, the fact that the HSTCs seemed to be filling a definite need in the area of home-based training is indicated by the large percentage of staff (57.5%) who supervisors report as having received only HSTC home-based training.

Variables Affecting Effectiveness Ratings

The 1,525 participants who responded to the survey differed from each other on a number of important dimensions. In this section ratings of training effectiveness are examined along some of these major dimensions:

- staff position of participant,
- geographic location,
- year trained,
- sex,

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Table IV-10

Supervisors' Comparisons of HSTC Training with Other Training

"Did the HSTC provide better training for your staff than was available elsewhere?"

	Percent Responding in Each Category			
Year	Item N	Better	Not Better	Don't Know
1976 - 1977	*61*	68.9	6.6	24.6
1977 - 1978	*73*	68.5	5.5	26.0
Combined years	*134*	68.7	6.0	25.4

"How does the HSTC training your staff received compare with other home-based training they have received?"

	Percent Responding in Each Category				
Year	Item N	Not as Good	About the Same	Better	Only HSTC Training
1976 - 1977	*61*	6.6	3.3	32.8	57.4
1977 - 1978	*73*	1.4	6.8	34.2	57.5
Combined years	*134*	3.7	5.2	33.6	57.5

- ethnicity,
- education,
- age, and
- role of participant (and supervisor).

Staff Position of Participant

Supervisors were asked directly whether HSTC training was more effective for certain staff positions than for others. A large percentage (42.6%) responded that the training was equally effective for all who were trained. This judgment was presumably based on job performance which the supervisors' staff had or had not demonstrated since returning from HSTC training.

Of the 57.9% of the supervisors who felt that the training was more effective for some staff than for others, 77.9% felt it was most effective for home visitors. Parent involvement coordinator was mentioned second, with 23.3% of the supervisors responding that HSTC training had been most effective for persons in that role. Participants in training did not corroborate their supervisors' opinions as to relative training effectiveness, however, by their own ratings. Those who were home visitors did not rate the training any higher than those in any other position.

Geographical Location

The geographical location of the agencies of respondents had no detectible influence on the effectiveness ratings (Table IV-11). Respondents from urban areas were no more likely to rate HSTCs high or low on any of the nine dimensions than respondents from rural or rural/urban areas. The distribution of responses was so similar that the lack of representativeness geographically of participants from Year B described earlier would have had no influence on the ratings.

Table IV-11

Five Effectiveness Dimensions by Geographical Location

Location	Item N	Not at all/ Slightly	To some degree	Substantially	To a very great degree
RELEVANCE					
Rural	*188*	3.7	20.7	40.4	35.1
Rural/Urban	*191*	3.1	22.5	45.5	28.8
Urban	*72*	5.6	25.0	38.9	30.6
PRACTICALITY					
Rural	*187*	3.2	13.9	43.9	39.0
Rural/Urban	*191*	1.6	22.5	43.5	32.5
Urban	*70*	5.7	15.7	41.4	37.1
FUTURE ROLE RELEVANCE					
Rural	*188*	5.9	30.9	35.1	28.2
Rural/Urban	*187*	9.6	26.2	35.3	28.9
Urban	*70*	10.0	32.9	30.0	27.1
TRAINERS					
Rural	*186*	3.8	8.6	37.6	50.0
Rural/Urban	*188*	1.1	12.2	33.0	53.7
Urban	*67*	1.5	7.5	44.8	46.3
SHARE IDEAS					
Rural	*188*	4.8	8.5	35.6	51.1
Rural/Urban	*190*	4.7	10.5	30.5	54.2
Urban	*72*	2.8	13.9	41.7	41.7

Year Trained

One factor previously mentioned on which participants differed was year of training. Its effect needs to be examined, since if there were a significant difference between participants' ratings each year, the HSTCs' more recent ratings (during Year C) ought to be a better indication of how the HSTCs are performing now than ratings based on training received almost two years ago. Analyses of the two sets of effectiveness ratings by participants, that is, the five overall effectiveness questions and the four comparisons with other home-based training, revealed that on only one of those nine dimensions ("practicality") was there a significant relationship overall between year trained and rating (see Table IV-8 and IV-9; Practicality, $\chi^2 = 9.8, p < .05$). On this dimension ratings declined from 83.8% rating it "substantially" or "to a very great degree" in Year B to 76.5% giving the two highest rating categories in Year C. Although statistically significant, this change is not large, justifying the overall conclusion that there was little change over time in the participants' effectiveness ratings.

Analyses were also performed on the two sets of effectiveness ratings by supervisors, comparing HSTC training to other available training and comparing it to other home-based training, to determine whether these ratings changed over time. It was found that supervisors' ratings remained essentially the same from Year B to Year C (see Table IV-10). Therefore, it can be concluded that time of training did not significantly affect either participants' or supervisors' ratings.

Sex Differences

Another possible explanation for differences in ratings is that men and women may respond differently to the training. Chi-square analyses performed on the first five sets of ratings by participants showed no statistically significant relationship between sex and effectiveness rating when the two lowest rating categories were combined to increase cell size.

Overall, there seemed to be no consistent effect of sex on ratings of effectiveness. Only two out of the nine dimensions showed any effect at all, and on both of those men were responsible for slightly higher ratings as well as slightly lower ratings. (Demographic data were not obtained from supervisors.) Apparently men had more intense opinions in both directions than did women. However, since sex differences were confounded with educational differences, and since there were so few men trained, it is impossible to conclude that men responded to HSTC training differently than women.

Ethnicity

Since the distribution of ethnic groups varied from HSTC to HSTC and also from year to year, analyses of response distributions on the nine effectiveness dimensions were performed. On only one of the nine dimensions was a significant relationship found, "future role relevance" (see Table IV-12). Blacks and American Indians and Asians tended to rate this dimension higher than did whites and Hispanics, but this was the only dimension that had a significant relationship with ethnicity. Overall, ethnicity had little influence on ratings.

Table IV-12

Future Role Relevance by Ethnic Group

	Not at all/ Slightly	To some degree	Substantially	To a very great degree	Total
Hispanic					
N	*1*	*13*	*15*	*9*	*38*
%	2.6	34.2	39.5	23.7	
American Indian and Asian					
N	*2*	*2*	*2*	*7*	*13*
%	15.4	15.4	15.4	53.8	
Black					
N	*9*	*15*	*24*	*35*	*83*
%	10.8	18.1	28.9	42.2	
White					
N	*21*	*98*	*108*	*80*	*307*
%	6.8	31.9	35.2	26.1	
Total					
N	*33*	*128*	*149*	*131*	*441*
%	7.5	29.0	33.8	29.7	

$\chi^2 = 20.36$

$p < .05$

Education

Education of respondents to the TEQ was analyzed to determine what effect it might have had on ratings. Since only 1.5% of respondents had not graduated from high school, that category was combined with high school graduates in the analyses. On only two of the dimensions was a significant relationship between education and ratings found, "future role relevance" and "content" (see Table IV-13 and IV-14).

Table IV-13 shows that those participants with the highest education were more apt to rate HSTC training somewhat lower on "future role relevance"--45.3% of college graduates rated training "not at all" or "slightly" relevant to their future roles, and 22.4% of the college graduates gave "to a very great degree" ratings. On the other hand, more than two-thirds of the participants with high school or some college education rated the future role relevance of their training in this highest category. Table IV-14 shows that those participants with the highest education were also more apt to rate the HSTCs lower in terms of content of training than those with less education.

Age

Analyses of the effect of respondents' age on the two sets of effectiveness ratings revealed that age had little influence. Only one dimension, again, "content of training compared to other home-based training" was significantly affected by age of respondent (see Table IV-15). Younger participants tended to compare the content of the HSTC training more

Table IV-13

Future Role Relevance by Educational Level

	Not at all/ Slightly	To some degree	Substantially	To a very great degree	Total
High School Graduate or Less					
N	*4*	*13*	*23*	*20*	*60*
%	6.7	21.7	38.3	33.3	
Some College					
N	*7*	*56*	*68*	*64*	*195*
%	3.6	28.7	34.9	32.8	
College Graduate					
N	*25*	*62*	*62*	*43*	*192*
%	13.0	32.3	32.3	22.4	
Total					
N	*36*	*131*	*153*	*127*	*447*
%	8.1	29.3	34.2	28.4	

$\chi^2 = 17.5$

$p < .01$

Table IV-14

Content of HSTC Training Compared to Other Home-Based Training by Educational Level

	Much worse/Not as good	About the same	Better	Much better	Total
High School Graduate or Less					
N	*0*	*12*	*14*	*14*	*40*
%	0	30.0	35.0	35.0	
Some College					
N	*4*	*50*	*59*	*32*	*145*
%	2.8	34.5	40.7	22.1	
College Graduate					
N	*15*	*33*	*54*	*31*	*133*
%	11.3	24.8	40.6	23.3	
Total					
N	*19*	*95*	*127*	*77*	*318*
%	6.0	29.9	39.9	24.2	

$\chi^2 = 15.9$

$p < .05$

Table IV-15

Content of Training Compared to Other Home-Based Training by Age

Age	Much worse/Not as good	Same	Better	Much better	Total
20-29					
N	*13*	*20*	*41*	*29*	*103*
%	12.6	19.4	39.8	28.2	
30-39					
N	*4*	*47*	*40*	*31*	*122*
%	3.3	38.5	32.8	25.4	
40-59					
N	*2*	*29*	*47*	*16*	*94*
%	2.1	30.9	50.0	17.0	
Total					
N	*19*	*96*	*128*	*76*	*319*
%	6.0	30.1	40.1	23.8	

$\chi^2 = 25.01$

$p < .001$

critically than did their elders--12.6% of the 20-29 year group rated the content of HSTC training as "not as good") compared to 2-3% of older respondents; at the same time, the youngest age group had more respondents (28.2%) who rated the content "much better," compared to 17% of the oldest group. None of the other eight dimensions was significantly affected by respondents' age, so that overall age had little influence on ratings.

Role of Participant and of Supervisor

Although the participants' role was found to have little effect on eight of the nine dimensions, it did have a significant effect on their rating of the "content of HSTC training compared to other home-based training" (see Table IV-16). Head Start Directors tended to rate the content of HSTC training highest (90.5% gave it the two highest ratings), followed by aides (80%) and home-based supervisors (76%). Responses to the "relevance" dimension also revealed that Head Start Directors rated training most positively (90.3%) followed by the home-based supervisors (84.4%). Head Start center administrators tended to be the least positive of all participants, although a majority gave ratings of "better" or "much better."

Ratings of supervisors were also analyzed by role in terms of their comparisons of HSTC training to other available training. (Some, of course, had participated in training; most had not). Eighty percent of the Head Start Directors rated HSTC training better than other training that was available, none rated it worse, and only 20% stated that they did not know how it compared to other training (see Table IV-17). Center-level administrators, on the other hand, were most likely to rate the HSTC training negatively. (They were also more likely to respond "don't know").

Table IV-16

Participants' Comparison of Content of Training to Other Home-Based Training by Role

Role of Participant	Much worse/Not as good	Same	Better	Much better	Total
Aide					
N	0	5	11	9	25
%	0	20.0	44.0	36.0	
Home Visitor					
N	4	42	45	25	116
%	3.4	36.2	38.8	21.6	
Teacher					
N	4	8	13	2	27
%	14.8	29.6	48.1	7.4	
Center Administrator					
N	1	9	7	5	22
%	4.5	40.9	31.8	22.7	
Specialist					
N	2	18	21	12	53
%	3.8	34.0	39.6	22.6	
Home-based Supervisor					
N	2	4	12	7	25
%	8.0	16.0	48.0	28.0	
Head Start Director					
N	0	2	13	6	21
%	0	9.5	61.9	28.6	
Other					
N	5	4	7	10	26
%	19.2	15.4	26.9	38.5	
Total					
N	18	92	129	76	315
%	5.7	29.2	41.0	24.1	

$\chi^2 = 38.9$

$p = .01$

Table IV-17

Supervisors' Comparison of HSTC Training to Other Available Training by Role

Role of Supervisor		Rating of HSTC Training		
Role	Total Respondents	Better	Worse	Don't Know
Center Administrator				
N	6	1	2	3
%		16.7	33.3	50.0
Component Specialist				
N	14	10	2	2
%		71.4	1.5	1.5
Home-based Supervisors				
N	14	7	1	6
%		50.0	7.1	42.9
Head Start Directors				
N	65	52	0	13
%		80.0	0	20.0
Other				
N	32	19	3	10
%		59.4	9.4	31.3
Total				
N	131	89	8	34
%		67.9	6.1	26.0

The effect of role was even less pronounced on comparisons of HSTC training to other home-based training. Of those supervisors whose staff had had other home-based training with which to compare the HSTC training, 77.8% of these nine home-based supervisors and 92% of the 25 Head Start Directors reported that HSTC training was "better." Cell sizes were too small, however, to permit any statistically significant effect of role on ratings.

Type of Program

The type of program from which participants came was one difference between participants which was found to have a significant effect on ratings of HSTC training effectiveness. Whether the sending organization of participants was home-based or not significantly influenced four of the nine effectiveness dimensions, training relevance, future role relevance, HSTC methods, and content compared to other training. Tables IV-18 through IV-21 show that respondents from non-home-based organizations tended to rate HSTCs lower than those from home-based agencies on each of the four dimensions. The same trend was found on other dimensions, although statistical significance was not achieved.

The type of program supervisors worked in did not influence their ratings of HSTC effectiveness compared to other training available. When the influence of type of organization was examined on comparisons of HSTC training to other home-based training, it was found that supervisors stated that non-home-based staff were much more apt to have no basis for comparison, since the HSTC training was the only home-based training that they had experienced (83.3% of non-home-based staff).

Table IV-18

Ratings of Training Relevance by Participants from Home-Based and Non-Home Based Programs

Program Type	Not At All/ Slightly	To Some Degree	Substan-tially	To a Very Great Degree	Total
Home-based					
N	*10*	*69*	*147*	*122*	*348*
%	2.9	19.8	42.2	35.1	
Not Home-based					
N	*7*	*31*	*49*	*26*	*113*
%	6.2	27.4	43.4	23.0	
Total N	*17*	*100*	*196*	*148*	*461*
Total %	3.7	21.7	42.5	32.1	

$\chi^2 = 8.7$; $p < .05$

Table IV-19

Ratings of Future Role Relevance by Participants from Home-Based and Non-Home Based Programs

Program Type	Not At All/ Slightly	To Some Degree	Substantially	To a Very Great Degree	Total
Home-based					
N	*25*	*90*	*119*	*108*	*342*
%	7.3	26.3	34.8	31.6	
Not Home-based					
N	*12*	*43*	*35*	*23*	*113*
%	10.6	38.1	31.0	20.4	
Total N	*37*	*133*	*154*	*131*	*455*
Total %	8.1	29.2	33.8	28.8	

$\chi^2 = 9.2; p < .05$

Table IV-20

Comparisons of HSTC Methods with Other Home-Based Training by Participants from Home-Based and Non-Home-Based Programs

Program Type	Much Worse/ Not as Good	About Same	Better	Much Better	Total
Home-based					
N	*20*	*75*	*108*	*64*	*267*
%	7.5	28.1	40.4	24.0	
Not Home-based					
N	*4*	*28*	*24*	*10*	*66*
%	6.1	42.4	36.4	15.2	
Total N	*24*	*103*	*132*	*74*	*333*
Total %	7.2	30.9	39.6	22.2	

$\chi^2 = 10.3$; $p < .05$

Table IV-21

Comparisons of HSTC Content with Other Training by Participants from Home-Based and Non-Home-Based Programs

Program Type	Much Worse/ Not as Good	About Same	Better	Much Better	Total
Home-based					
N	*11*	*72*	*112*	*64*	*259*
%	4.2	27.8	43.2	24.7	
Not Home-based					
N	*8*	*24*	*19*	*13*	*64*
%	12.5	37.5	29.7	20.3	
Total N	*19*	*96*	*131*	*77*	*323*
Total %	5.9	29.7	40.6	23.8	

$\chi^2 = 10.3$; $p < .05$

Length of Training Session

The length of the training session which the participants experienced did have a significant effect on some of the effectiveness dimensions (see Tables IV-22 to IV-25[1]). Training sessions which were from one to three days in length were rated significantly lower on three dimensions: "practicality," "future role relevance," and "methods compared to other home-based training." The relationship for the fourth dimension, "relevance to experience" approached significance and showed the same trend: higher ratings for the longer sessions.

Since many supervisors indicated that their staff had had more than one contact with the HSTCs, it is possible that those participants who experienced the longer sessions also had follow-up training. However, it is also possible that those who experienced the shorter sessions may have had more than one contact with the HSTCs, so the "longer" vs. the "shorter" sessions may not be as distinct as supposed. While six of the nine dimensions were not affected by length of session, it is apparent that on the other three dimensions participants from the longer sessions rated training as more effective.

Location of Training Session

Since HSTCs varied considerably in terms of the percentage of respondents who were trained at the HSTC or back home at their own agency (see Table IV-6), analyses were performed to determine if participants trained at the two different locations varied significantly in their

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[1] It should be noted that although onsite training (at the HSTC) generally meant longer sessions, there were many exceptions. Thus, session length tends to be independent of location of training.

Table IV-22

Participants' Ratings of Training Relevance by Session Length

Session Length	Not At All/ Slightly	To Some Degree	Substan- tially	To a Very Great Degree	Total
1-3 Days					
N	*6*	*25*	*45*	*21*	*97*
%	6.2	25.8	46.4	21.6	
4-6 Days					
N	*11*	*75*	*150*	*127*	*363*
%	3.1	20.7	41.3	35.0	
Total N	*17*	*100*	*195*	*148*	*460*
Total %	3.7	21.7	42.4	32.2	

$\chi^2 = 9.4$; $p < .10$

Table IV-23

Participants' Ratings of Practicality of Training by Session Length

Session Length	Not At All/ Slightly	To Some Degree	Substantially	To a Very Great Degree	Total
1-3 Days					
N	*5*	*19*	*50*	*23*	*97*
%	5.2	19.6	51.5	23.7	
4-6 Days					
N	*8*	*62*	*148*	*142*	*360*
%	2.2	17.2	41.1	39.4	
Total N	*13*	*81*	*198*	*165*	*457*
Total %	2.8	17.7	43.3	36.1	

$\chi^2 = 9.7$; $p < .05$

Table IV-24

Participants' Ratings of Future Role Relevance by Session Length

Session Length	Not At All/ Slightly	To Some Degree	Substantially	To a Very Great Degree	Total
1-3 Days					
N	*7*	*37*	*33*	*17*	*94*
%	7.4	39.4	35.1	18.1	
4-6 Days					
N	*30*	*96*	*120*	*114*	*360*
%	8.3	26.7	33.3	31.7	
Total N	*37*	*133*	*153*	*131*	*454*
Total %	8.1	29.3	33.7	28.9	

$\chi^2 = 9.0$; $p < .05$

Table IV-25

Participants' Comparisons of Methods with Other Home-Based Training by Session Length

Session Length	Much Worse/ Not as Good	About Same	Better	Much Better	Total
2 Days					
N	1	16	13	5	37
%	2.7	48.6	35.1	13.5	
3 Days					
N	7	7	12	4	30
%	23.3	23.3	40.0	13.3	
4 Days					
N	1	9	7	7	24
%	4.2	37.5	29.2	29.2	
5 Days					
N	9	46	57	41	153
%	5.9	30.1	37.3	26.8	
6 Days					
N	6	23	43	17	89
%	6.7	25.8	48.3	19.1	
Total N	24	103	132	74	333
Total %	7.2	30.9	39.6	22.2	

$\chi^2 = 24.5$; $p = .01$

ratings. On eight out of the nine dimensions they did not. However, participants who were trained at their own agency were significantly more likely to rate the HSTC trainers positively than were participants who were trained at the HSTC ($p < .01$). Most respondents were trained at the HSTC (see Table IV-26), but those trained at their place of work were clearly more positive toward the trainers. Location of training had no effect on supervisors' ratings.

Time Elapsed Since Training

The amount of time elapsed between training and when the questionnaires were received was thought to have a possible effect on the ratings. Responses were examined by six-month intervals--those received within one to six months of training, seven to twelve months since training, 13 to 18 months since training. No effect was found on any of the nine dimensions.

Indirect Measures of HSTC Effectiveness

Other, less direct indicators of HSTC training effectiveness were considered, such as whether participants and their supervisors wanted additional training or would seek training for staff who had not yet received HSTC training, whether sending organizations had added or converted to a home-based program, and whether participants perceived the HSTCs as teaching those skills or qualities that were most important to them when they returned to their jobs.

Seeking more training. Satisfaction with HSTC training might be indicated by the extent to which participants and their supervisors would seek follow-up training for those who had been trained, or additional training for those who had not. A large percentage of participants reported that they would seek more training from the HSTCs if it were possible

Table IV-26

Participants' Comparison of HSTC Trainers with Other Home-Based Trainers by Training Location

Location	Much Worse/ Not as Good	About Same	Better	Much Better	Total
At HSTC					
N	*21*	*74*	*70*	*59*	*224*
%	9.4	33.0	31.3	26.3	
At Own Agency					
N	*0*	*14*	*34*	*20*	*68*
%	0	20.6	50.0	29.4	
Total N	*21*	*88*	*104*	*79*	*292*
Total %	7.2	30.1	35.6	27.1	

$\chi^2 = 14.4; p < .01$

(77.1%). Of those who would not seek further training, over a third were no longer working in a home-based setting. A large percentage of supervisors also reported that they intended to seek follow-up training for the staff already trained by the HSTC (59.8%). Although many factors other than HSTC effectiveness might influence their intentions, such as local availability of other training, a positive response of nearly 60% seems to be substantial support for the HSTC training.

Supervisors also reported that for those staff members who had not received HSTC training, 74.6% needed home-based training. Overall, 52.7% of these supervisors replied to an open-ended question that they would train those staff by means of the HSTC, while a much lower 33.8% planned to use in-house training.

Converting to or adding home-based programs. At the outset of this study it had been suggested that if an agency converted to or added home-based programs this might be indicative of HSTC effectiveness. However, when supervisors were asked in an open-ended question what factors affected the decision to implement a home-based program or option, none mentioned having had HSTC training. Instead, such factors as community needs, rural location, financial savings, support for the strong parent involvement concept, and lack of center facilities were cited by supervisors as instrumental in their decision. Apparently the decision to go home-based was made at least tentatively prior to seeking HSTC training, as evidenced by the fact that 84.8% of supervisors were already implementing or were planning to implement a home-based option or program prior to sending staff to the HSTC (see Table IV-27). Differences between respondents trained by each HSTC on this dimension were quite pronounced, with Utah having trained the largest percentage of supervisors (23.5%) who were, at the outset, planning not to implement a home-based option or program.

After receiving training 75.6% of the supervisors reported that they were now home-based, which is an increase over the 50.4% who were already home-based. Factors already noted such as community need were reported as playing the major role in decision-making. Differences between respondents in HSTC regions as to percentage now home-based were still marked (see Table IV-27).

Personal-interpersonal vs. technical skills. Another potential reflection of training effectiveness is the extent to which the HSTCs were perceived as teaching those skills or qualities which evaluators of previous home-based programs had discovered were most important for successful home visitors (e.g., Hewitt, Grogan, Jerome, Nauta, Rubin, & Stein, 1977; Lambie, Bond, & Weikart, 1974). Participants in HSTC training were asked to identify which of these skills or qualities identified in the literature they had learned the most about, or improved the most on during training. A list of 13 of these personal and interpersonal qualities--such as adaptability, dependability, enthusiasm--and eight important skills or content areas which HSTCs generally covered during their week-long sessions--such as record-keeping, and recruitment and parent involvement--was presented to respondents. Participants could check as many items as they wished, in order to indicate the areas in which they had improved during HSTC training.

Table IV-27

Type of Agency Program Before and After Staff Received HSTC Training

Percent of Supervisors Indicating Program Focus

Training Center	Prior to Training					Following Training		
	Item N	Already Home-Based	Planning to go Home-Based	Undecided	Planning not to go Home-Based	Item N	Home-Based	Not Home-Based
AR	30	63.3	23.3	6.7	6.7	32	71.9	28.1
TN	22	59.1	22.7	18.2	0	24	79.2	20.8
UT	17	29.4	23.5	23.5	23.5	16	50.0	50.0
WI	25	40.0	52.0	8.0	0	25	76.0	24.0
WV	27	40.7	51.9	7.4	0	27	81.5	18.5
NV	10	80.0	20.0	0	0	10	100.0	0
ALL HSTCs	131	50.4	34.4	10.7	4.6	135	75.6	24.4

Almost two-thirds (63.6%) of the eleven most frequently mentioned skills were from the "personal and interpersonal qualities" list. But, the two most frequently mentioned skills were technical ones, "organization and planning," and "knowledge of home education" (see Table IV-28).

The only quality which was not reported as improved upon during training by anyone was "dependability." It is a quality which some have argued cannot be taught in a week-long training session, yet most of the personal-interpersonal skills are not generally thought of as teachable. Even "humor" was cited by 25% of those responding as one of the qualities which they learned the most about or improved the most on. The only other skill which fewer than 25% reported they learned about or improved upon was "ability to deal with bureaucracies" (13%).

Participants were further asked to identify which set of skills (personal-interpersonal or technical) was most important to them after returning to their agency. A majority of the respondents reported that the personal-interpersonal skills were more important to them on the job than the technical skills (see Table IV-29), supporting to some extent the findings of previous researchers.

Participants were then asked which set of skills the HSTC emphasized more in training. The percentage of responses in each category was remarkably similar to the percentages obtained on the prior question (see Table IV-29).

The surprising consistency of responses to the two questions was analyzed to determine if there was a relationship between the two (unfortunately it is impossible to separate out the effects of the order of the two questions). When personal-interpersonal skills were seen as

Table IV-28

Percentage of Participants Who Reported "Most Improvement" on Specific Skills

Personal-Interpersonal		Technical	
Self-confidence	58%	Organization and Planning	66%
Mutual Respect	51%	Knowledge of Home Education	64%
Ability to Encourage Independence	50%	Record-keeping	49%
Ability to Provide a Good Model for Families	49%	Knowledge of Recruitment and Parent Involvement	49%
Enthusiasm	46%	Knowledge of Child Development	37%
Adaptability	41%	Knowledge of Health, Nutrition, and Safety	37%
Self-knowledge	40%	Knowledge of Community Resources	35%
Warmth	34%	Ability to Deal with Bureaucracies	13%
Tact	32%		
Initiative	30%		
Commitment	29%		
Humor	25%		
Dependability	0%		

Table IV-29

Importance of Personal-Interpersonal and Technical Skills

(a) Percent of Respondents Indicating Set of Skills "More important for you at your agency":

Site	Item N	Personal-Interpersonal	Technical
AR	*74*	64.9	35.1
TN	*66*	51.5	48.5
UT	*67*	71.6	28.4
WI	*63*	47.6	52.4
WV	*72*	65.3	34.7
NV	*44*	65.9	34.1
ALL SITES	*386*	61.1	38.9

(b) Percent of Respondents Indicating Which Set of Skills "The training program emphasized more":

Site	Item N	Personal-Interpersonal	Technical
AR	*70*	60.0	40.0
TN	*61*	52.5	47.5
UT	*60*	76.7	23.3
WI	*66*	25.8	74.2
WV	*67*	82.1	17.9
NV	*40*	65.0	35.0
ALL SITES	*364*	59.9	40.1

more important on the job than technical skills, 78% of the respondents said that personal-interpersonal skills were also emphasized by the HSTC. Similarly, when technical skills were seen (by a much smaller number) as more important on the job, 71% of those respondents said these were emphasized by the HSTC. Thus, there was good consistency between what participants thought were important job skills and what the HSTCs emphasized during training. In general, participants tended to say that the set of skills that was important to them on the job, whether personal-interpersonal or technical, was the set of skills that was emphasized by the HSTC.

Effect of Training on Job Performance

Participants in HSTC training and supervisors of those participants were both asked in an open-ended format what those trained were doing differently as a result of the HSTC training. Respondents in both groups revealed substantial agreement that performance indicators, such as keeping better records and showing more self-confidence, were changes arising from HSTC training (see Table IV-30).

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Table IV-30

Changes in Participants' Behaviors Resulting from HSTC Training

Performance Indicators	Percent of Respondents Checking Each Item TEQ Self-Report	 SOSQ Supervisors' Report
	(N = 391)	*(N = 137)*
Keeping Better Records	26.6	31.4
Showing More Self-Confidence	35.0	31.4
New Techniques for Working with Parents	19.2	23.4
Better Organization and Planning	12.3	13.9
Better Understanding of Home-Based Concept	9.5	7.3

Most and Least Helpful Components of Training

Another indirect measure of training effectiveness as well as an important informational need was the identification of components of HSTC training which were most effective. Those who had participated in training were asked in an open-ended format which parts of training were most helpful to them since returning to their agency and why, as well as which aspects of training were least helpful.

Over 36% of all participants in HSTC training who responded listed the home visit as one of the most helpful parts of training (see Table IV-31). A large percentage also listed "program operations" as one of the most helpful parts of training (19.5%). Following these two components of training, a wide variety of training segments were listed, including one that was usually not formally on any agenda, but which generally occurred, "sharing experiences."

In response to the open-ended question concerning "least helpful parts of training," it seems important to note that 34.3% of the respondents spontaneously reported that no part of training had been "least helpful" to them, and 47% of the total sample skipped the "least helpful" section entirely. Of those 248 participants who did respond, three features of training were cited as "least helpful." "Program operations," which was also the second highest category of "most helpful" responses, was listed by 16.1% of the respondents, with the health component and the home visit mentioned by a small percentage of respondents.

Table IV-31

Training Session Components Identified as Most and Least Helpful

Most Helpful Parts of Training		Least Helpful Parts of Training	
(N = 359)		*(N = 248)*	
Home Visit	36.2	Nothing	34.3
Program Operations	19.5	Program Operations	16.1
Working with Parents	10.0	Home Visit	7.7
Communication/Values	8.1	Health	7.3
Education/Child Development	8.1	Other	10.5
Home-Based Curriculum	6.4		
Assessment	6.4		
Sharing Experiences	4.7		
Other	10.0		

The most frequent reason given for a part of training being not helpful was that it was "not relevant" (50.9%). This category was further separated into "not relevant because heard this before" (13.4%) and "not relevant because program is not home-based" (8.5%). The other most frequently cited cause for dissatisfaction was "not comprehensive enough" (23.8%).

Summary

The responses of participants and their supervisors to survey questions provided the data for assessing the perceived effectiveness of HSTC training. In assessing the response rate to the surveys, we noted a slightly greater likelihood for participants from Year C to respond, and a somewhat overrepresentation of participants from agencies serving rural areas. Over 62% of the responses were received within 12 months of the time training occurred. Time elapsed since training did not appear to bias the ratings of training effectiveness made either by participants or their supervisors, nor did the age, sex, or ethnicity or responding participants.

The survey responses analyzed and reported in this chapter provided information related to the following questions.

Did trainers have the appropriate mix of skills outlined in the HSTC Guidelines?

According to the ratings by HSTC participants the trainers were very effective teachers. Across both years, 87.8% of the respondents rated the trainers as effective teachers to either a "substantial" or "very great degree."

What seemed to be crucial to effective training at most HSTCs was the home-based experience of the trainers.

How did the participants rate the effectiveness of training?

The participants rated HSTC training highly--across all five effectiveness dimensions (relevance to experience, practicality, relevance to future role, effective teachers and shared ideas), 78.1% of the respondents gave HSTC training the two highest ratings. When the participants had other home-based training experience with which to compare their HSTC training, a high percentage (62.1%) rated HSTC training as better than the other training. Furthermore, 77% of participants indicated that they would seek additional HSTC training if it were possible. The majority of participants also felt that training emphasized those skills that were important in their jobs.

Supervisors of participants also rated the HSTC experience as effective--68% reported that HSTCs provided better training than was available elsewhere, and 60% said they would seek follow-up training from an HSTC.

What aspects of training, in terms of process and content, were seen as most beneficial?

Both participants and supervisors were asked what staff were doing differently as a result of HSTC training. Keeping better records, showing more self-confidence and using new techniques for working with parents were mentioned most frequently. Participants were also asked to list the training activities they considered most helpful. The home visit, program operation sessions and methods of working with parents were listed most often.

Did rural participants rate HSTCs differently in terms of effectiveness than participants from urban settings?

No, the geographic location of the respondent's agency had no influence on the effectiveness ratings.

Did participants from home-based programs rate training effectiveness differently than participants from center-based programs?

Yes, participants from home-based agencies rated training higher on some effectiveness dimensions than participants from non-home-based programs. Significant differences were found in the ratings on the dimensions of "relevance to experience," "future role relevance," and "content of HSTC compared to other home-based training," with trainees from home-based programs rating these items more positively.

Did organizations that were not home-based elect the home-based option as a result of HSTC training?

No, supervisors were asked in an open-ended question to list the factors that affected their decision to implement a home-based option, and none mentioned HSTC training; rather, factors such as community need, rural location and financial savings were cited. A large percentage (84.8%) of supervisors were already implementing or planning to implement a home-based option prior to training, however, which implies that the decision to go home-based usually was made before training was sought and that the training itself was not the deciding factor.

What criteria are used to select staff to receive training?

Supervisors were asked to indicate the factors they considered in selecting trainees for HSTC training and those mentioned most often were: role of staff member (63.8% of supervisors mentioned this), staff interest and willingness (27.7%) and length of time the employee had been with the agency (18.4%). When training effectiveness was analyzed by staff role only one dimension showed any significant difference: the "content of HSTC training compared to other home-based training" was rated higher by Head Start directors, aides and home start supervisors than by teachers and center directors. It seems, then, that training was most effective for staff from home-based programs who work closely with the home visiting component. According to the Statistical Data Forms about one-half of the trainees were from home-based programs and one-half were home-visitors.

What other factors influenced the ratings of training effectiveness?

- Staff position of training participant: Of those supervisors who felt training was more effective for some staff than for others, 78% judged it most effective for home visitors.

- Education of participant: There was a slight tendency for some features of training to be rated lower by college graduates.

- Length of training session: Training sessions that lasted from one to three days were rated lower than four- to five-day sessions on "practicality," "future role relevance," and "methods compared to other home-based training."

- Location of training: Participants trained at their own site were more likely to rate the HSTC trainers positively than were participants trained at the HSTC.

V

HOME-BASED TRAINING NEEDS OF HEAD START AGENCIES

One of the three major questions addressed in this study is whether the existing network of six Training Centers is sufficient to provide the training in home-based activities that is needed by Head Start grantees and delegate agencies. Three factors were considered in trying to answer this question: (a) the extent of training services that HSTCs have provided (the "supply"), (b) the amount of home-based training needed by Head Start agencies (the "demand"), and (c) the knowledge that Head Start agencies have of the HSTCs (a factor affecting demand). The instruments used to obtain information related to these issues were the Statistical Data Form (SDF) and the Surveys of Delegate Agency Interest (one form sent to agencies operating home-based programs and one to agencies with only center-based programs). The SDF provided a bimonthly record of HSTC training activities. The Surveys of Delegate Agency Interest were developed primarily to determine the extent of agencies' plans to provide home-based training for their staff, e.g., which staff would be trained and where the training would be conducted. In this chapter the question of the "supply" of training services is addressed first, followed by discussion of Head Start programs' awareness of the HSTCs and the demand for training as reflected in the agencies' reporting of their needs and plans.

Training Capacity of HSTCs (Supply)

Although the HSTC Guidelines do not specify the amount of training activities the HSTCs should engage in, ACYF suggested that each Training Center train at least 150 persons annually (based on estimates of 10 sessions per year with 15 participants per session). Following this "suggestion" the six Training Centers should have provided week-long training sessions for a total of 900 individuals each year. As seen in Table V-1, most centers achieved the 150-person goal and as a group the centers far surpassed the expectation of 900 persons trained. In Year B, 1,870 persons were trained during 93 sessions and in Year C, 1,524 persons received training in the 95 sessions that were conducted.[1] During both years there were about equal numbers of sessions held onsite (at the HSTC) and offsite (at the agency). When follow-up training activities are included in the totals, the number of persons who received training increases by about 440 per year.

The large variation in the number of persons trained by each HSTC makes it difficult to calculate the true capacity of this network of centers. However, one might consider the year with the higher number of participants as the "capacity" for each site. As listed in Table V-1, Arkansas, Tennessee, Utah and Nevada trained more persons in Year B; Wisconsin and West Virginia trained more in Year C. If the higher figures are added together, the total "capacity" of the six HSTCs would be 2,143 persons per year. But a minimum it can be said that the network of HSTCs as constituted in 1976-77 and 1977-78

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[1] In fact, training has continued at about the same intensity, with 1,862 persons receiving training in 1978-79.

Table V-1

Summary of HSTC Statistical Data From Year B (1976-1977) and Year C (1977-78)

SITE	Number of Training Sessions		Number of Programs Trained			Number of Persons Trained			Number of Persons Receiving Follow-up Training
	Onsite	Offsite	Head Start	Non-Head Start	Total	Head Start	Non-Head Start	Total	
ARKANSAS									
Year B	8	10	83	68	151	266	246	512	81
Year C	11	8	61	13	74	223	14	237	166
TENNESSEE									
Year B	6	10	42	5	47	284	41	325	61
Year C	7	0	30	6	36	108	15	123	0
UTAH									
Year B	8	18	58	17	75	516	45	561	0
Year C	6	14	33	1	34	444	1	445	61
WISCONSIN									
Year B	12	4	36	6	42	139	24	163	200
Year C	10	10	48	9	57	246	26	272	55
WEST VIRGINIA									
Year B	8	2	28	6	34	152	22	174	31
Year C	13	9	102	3	105	335	3	338	97
NEVADA									
Year B	3	4	15	1	16	105	30	135	62
Year C	1	6	10	0	10	109	0	109	60
TOTAL									
Year B	45	48	262	103	365	1462	408	1870	435
Year C	48	47	284	32	316	1465	59	1524	439

has the capacity to provide initial training for at least 1,870 persons per year, while providing follow-up training for another 439 persons.

It should be recognized, of course, that the capacity to provide training is related to the nature of that training; if the type of training provided by HSTCs changes, it would be necessary to re-evaluate their capacity to provide it. A number of factors examined in this report (such as whether training is held onsite or offsite, whether individuals being trained already have experience in home-based activities, and whether the participants in training are home visitors or supervisors or component specialists) would have to be taken into account in estimating the "supply" of training that is available.

Agency Knowledge of HSTCs

An issue related to supply and demand is the visibility of the HSTCs to the Head Start grantees and delegate agencies. If an agency is unfamiliar with the Training Centers it cannot make its training needs known. In the survey of Head Start grantees and delegate agencies respondents were asked about the kinds of information they had received regarding the HSTCs. As Table V-2 shows, 28.9% of the center-based agencies and 9.8% of the home-based agencies said they had not received any information about the Training Centers. Thus, 90% of home- based and 71% of center-based agencies. received some information. This figure varied somewhat by geographic region--in the Northwest, 86.5% of center-based and 96% of home-based agencies had received some type of information about HSTCs. The smallest percentage of center-based agencies who had heard of the HSTCs was in the East (66%)

Table V-2

Type of HSTC Information Home-Based and Center-Based Agencies Have Received

Areas	Item N		Kinds of HSTC Information Received													
			No Info. Received		Heard Casual Talk		Heard Formal Talk		Received Written Info. From HSTC		Received Written Info. From Other Sources		Visited HSTC		Other	
	Home-Based	Center-Based	% Home-Based	% Center-Based	% Home-Based	% Center-Based	% Home-Based	% Center-Based	% Home-Based	% Center-Based	% Home-Based	% Center-Based	% Home-Based	% Center-Based	% Home-Based	% Center-Based
EAST	*45*	*206*	8.9	33.5	22.2	30.1	40.0	21.8	66.7	35.0	28.9	16.5	31.1	8.7	15.6	4.4
SOUTH	*23*	*128*	4.3	26.6	21.7	23.4	60.9	28.1	73.9	43.8	30.4	15.6	56.5	12.5	13.0	3.1
SOUTHEAST	*40*	*120*	5.0	25.8	10.0	34.2	20.0	17.5	70.0	28.3	30.0	14.2	35.0	10.0	15.0	1.7
MIDWEST	*54*	*142*	20.4	31.7	18.5	30.3	25.9	21.1	57.4	38.0	18.5	20.4	35.2	8.4	13.0	4.2
WEST	*17*	*109*	5.9	30.3	17.6	29.4	47.1	25.7	64.7	28.4	17.6	21.1	52.9	7.3	29.4	1.8
NORTHWEST	*25*	*52*	4.0	13.5	8.0	28.8	24.0	48.1	92.0	67.3	24.0	19.2	24.0	23.1	4.0	7.7
ALL AREAS	*204*	*757*	9.8	28.9	16.7	29.4	33.3	24.4	68.6	38.9	25.0	17.5	36.8	10.3	14.2	3.6

and the smallest percentage of home-based agencies who had received HSTC information was in the Midwest (80%). Written information from the HSTCs was the most frequent means by which both center-based and home-based agencies learned of the Training Centers. Another method of learning about the HSTCs, that of visiting them, was mentioned most often by center-based agencies in the Northwest and by home-based agencies in the South. The high percentage of Head Start programs, particularly those that are home-based, that were familiar with HSTCs indicates that the HSTCs and the regional and national offices have made serious and successful efforts to inform local programs of the training services available to them. Thus there is good reason to believe that the information discussed in the next sections on the demand for training reflects need based on knowledge, at least in the case of home-based Head Start programs. Since about 30% of the center-based programs had not received specific information on the HSTCs, their potential needs for training may be underestimated.

Requests Received by HSTCs for Training

To get an indication of whether the HSTCs were able to accommodate all training requests, they documented (on the Statistical Data Form) the number of such requests that could not be met during the month the agency had wanted training. In Year B, 208 such requests were not met; however, only 33 cases were reportedly due to lack of openings during training sessions. Most of the failures to provide training when requested resulted from either cancellations by the group requesting training (which were often rescheduled) or cancellation of sessions because of bad weather. In Year C 498 requests for training were not met in the particular month they were requested. Most of these occurred at one site and were rescheduled for later months. Thus, according to records kept by the HSTCs demand for home-based training as reflected in actual requests for training has been met by the Training Centers. In the remainder of this chapter evidence from the surveys of Head Start agencies is reported in order to provide a more detailed picture of the extent and nature of the need for training.

The Surveys of Head Start Agencies

Before presenting findings from the surveys, information on the response rate and sample size is provided. Then the demographic characteristics and training needs of home-based and center-based agencies are presented in succeeding sections. The summary section consolidates information on the home-based training needs of both center- and home-based agencies.

Response Rate and Sample Size

As mentioned earlier, the names, addresses and center-based or home-based designations of Head Start grantees and delegate agencies were obtained from ACYF. As might have been expected, between the time that the address lists were compiled and the surveys mailed some agencies changed their focus: thirty-four agencies that had been identified as home-based were implementing center-based programs at the time of the survey and 84 agencies that had been identified as center-based were operating home-based programs. A total of 372 surveys were mailed to home-based agencies and

219[1] (59%) were returned; the response rate for surveys of center-based agencies was similar with 1,572 forms sent out and 865[1] (55%) returned. To avoid duplication of information, surveys returned from grantees were eliminated if a survey from one of their delegate agencies was also returned (often the information provided by a grantee, e.g., number of families served, number of staff trained and kind of training received, included figures for all their delegate agencies). This screening process led to the elimination of 11 home-based and 67 center-based forms resulting in sample sizes of 208 and 798, respectively. The number of respondents for each item on a particular survey, however, often varied because of missing data.

For analysis purposes data were grouped according to the HSTC service areas. For example, responses from agencies in HEW Regions I, II and III were grouped together since the West Virginia HSTC serves these areas. Likewise, Region VI responses were grouped with responses from agencies in Kansas and Missouri in Region VII because ARVAC serves these areas. Grouping the data in this manner provides information to the HSTCs that is pertinent to the training needs of Head Start agencies in the particular areas they serve. For ease of reference the six data groupings will be referred to by the following geographic areas: East (areas served by the West Virginia HSTC), South (areas served by the Arkansas HSTC), Southeast

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[1] These figures do not include surveys returned after the September 25, 1978 cutoff date.

(areas served by the Tennessee HSTC), Midwest (areas served by the Wisconsin HSTC), West (areas served by the Nevada HSTC), and the Northwest (areas served by the Utah HSTC).[1]

Although some of the survey items were of the single response type, e.g., "check only one answer," the majority of items invited the respondent to check all applicable responses. For the tables in this section the percent of respondents who checked a particular answer as being applicable are noted; the percents, when totaled for a single item, are likely to be greater than 100% because of the multiple response nature of the item.

Demographic Characteristics of Responding Home-Based Agencies

Five items dealing with demographic information provided a profile of home-based agencies (see Table V-3). Overall, 61% of the responding home-based agencies were local community action agencies, 20% were private, non-profit groups and 9% were public schools. Slightly more than half the agencies served at least 150 children and 53% indicated that they served at least 32 families through their home-based option. Almost one-third of all respondents had been implementing this option for three to five years, 25% had been implementing it for two to three years, and 19% from one to two years.

There were some notable differences among the six geographic areas: (1) Head Start agencies in the West were most frequently private, non-profit organizations whereas the agencies in the other geographic areas were most

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[1] The list of regions served by each HSTC can be found in Chapter 1.

Table V-3

Demographic Characteristics of Home-Based Programs

Areas	Organizational Type							Number of Children/ Families			Number of Home-Based Families			Number of Years Home-Based						Reasons for Becoming Home-based											
	Item N[1]	% CAA	% Public School	% Private School	% Religious Organization (not school)	% Private Non-profit	% Other	Item N	% 1-150	% 151+	Item N	% 1-31	% 32+	Item N	% 0-1	% 1-2	% 2-3	% 3-5	% 5+	Item N	% Community Interest	% Lack of Space for Center	% Cost Factors	% Families in Rural Areas	% More Parent Involvement	% Expand Audience	% More Effective Program	% Expansion Monies	% Meets Special Needs of Children	% Other
EAST	*46*	58.7	6.5	0.0	0.0	13.0	21.7	*46*	65.2	34.8	*44*	70.5	29.5	*47*	17.0	17.0	27.7	25.5	12.8	*43*	13.9	23.2	27.9	32.6	16.3	20.9	2.3	2.3	13.9	11.6
SOUTH	*23*	73.3	4.3	0.0	0.0	13.0	4.3	*24*	25.0	75.0	*24*	37.5	62.5	*23*	8.7	21.7	13.0	39.1	17.4	*23*	17.4	21.7	21.7	60.8	4.3	4.3	0.0	0.0	0.0	21.7
SOUTHEAST	*39*	61.5	17.9	0.0	0.0	15.4	51.	*40*	27.5	72.5	*36*	41.7	58.3	*40*	15.0	25.0	15.0	40.0	5.0	*39*	10.3	33.3	15.4	35.9	7.6	15.4	5.1	0.0	5.1	20.5
MIDWEST	*52*	73.1	3.8	0.0	0.0	17.3	5.8	*53*	58.5	41.5	*46*	39.1	60.9	*51*	5.9	15.7	15.7	29.4	33.3	*53*	9.4	5.7	33.9	37.7	15.1	9.4	11.3	3.8	1.9	20.7
WEST	*17*	29.4	17.6	0.0	0.0	41.2	11.8	*18*	44.4	55.6	*16*	37.5	62.5	*18*	5.6	5.6	55.6	22.2	11.1	*16*	18.8	18.8	12.5	12.5	6.3	12.5	6.3	0.0	0.0	43.8
NORTHWEST	*23*	43.5	4.3	0.0	0.0	34.8	17.4	*24*	87.5	12.5	*25*	44.0	56.0	*24*	4.2	25.0	37.5	29.2	4.2	*25*	16.0	0.0	24.0	20.0	40.0	12.0	12.0	0.0	4.0	4.0
ALL AREAS	*200*	61.0	8.5	0.0	0.0	19.5	11.0	*205*	52.2	47.8	*191*	47.1	52.9	*203*	10.4	18.7	24.1	31.0	15.8	*199*	13.1	17.1	24.6	34.6	15.1	13.1	6.5	1.5	5.0	18.5

[1] Ns for the individual items vary because of missing data due to respondents shipping one or more items while completing the survey.

likely to be community action agencies, (2) in the South, West, and Southeast the agencies more often served at least 150 children while individual agencies in the Northwest, Midwest, and East were more apt to serve fewer than 150 children, and (3) the East and Southeast had the greatest percentage of home-based agencies that operated for less than one year (17% and 15% respectively) while the Midwest had the greatest percentage of agencies that had been providing home-based services for more than five years (33%).

The three most frequently given reasons for adding or converting to a home-based option were the rural, isolated location of families, the costs involved, and the lack of space for center-based programs. Looking at the responses by geographic area, these same three explanations were most frequently given with three exceptions: the agencies in the Northwest and Midwest frequently listed "greater possibility for parent involvement" in explaining why they became home-based, and agencies in the West frequently mentioned "community interest" as a reason for adopting the home-based option.

Training Activities and Plans of Home-Based Agencies

The discussion of these activities and plans revolves around three areas--home-based training received by staff at the time of the survey, plans for future home-based training, and anticipated problems in arranging for such training.

Home-based training received by agency staff. To understand why an agency seeks or fails to seek training for its staff at a given point in time, it is necessary to look at what training, if any, has already been provided, i.e., which staff have been trained, who provided the training, and how effective it was. As Table V-4 shows, the vast majority of responding agencies provided home-based training for their staff; only 4% of the respondents indicated that their staff members had received no training in home-based activities at the time of the survey. Staff members who had received training were most likely to be home visitors (80% of responding agencies provided home visitors with this training), Head Start directors (61% of respondents provided training for their Head Start directors), component specialists (48% of respondents trained these staff), parent involvement coordinators (with 44% of respondents training their parent involvement coordinators), and classroom teachers (40% of agencies trained these staff). Thus, training in home-based activities was directed at those staff who were most directly involved in providing the home-based services to families. Fewer respondents (28%) indicated that the Home Start director received such training; training was probably more likely for Head Start directors since they are responsible for the home-based option in many agencies.

Across all areas, the most frequently used means of providing the training were HSTCs, agency staff (i.e., in-house training), personnel from other home-based programs, and regional or state training offices (R/STOs). Regardless of who provided the training the majority of respondents rated it very useful to their staff (see Table V-5). Overall, almost 70% of the respondents rated their training as "a lot of help," 19% rated it as "more than a little helpful," and only 7% said it was only "a little helpful." Agencies in the West tended to rate their previous training the highest (94% rated it as "a lot of help") while agencies in the East rated

Table V-4

Description of Home-Based Training Received by Home-Based Agencies at Time of 1978 Survey

Areas	Item N	% Who Received Home-Based Training	% of respondents who provided training for:											% of Respondents who have used:												
			Item N	Head Start Director	Home Start Director	Center Director	Classroom Teacher	Teacher Aide	Home Visitor	Parent Involvement Coordinator	Training Coordinator	Component Area Specialist	Other	Item N	HSTC	Adult Education	CDA	College	CAA	R/STO	Professional Consultant	Personnel from Other Home-Based Programs	Convention	Workshop	Other	In-house
EAST	47	89.4	47	36.2	14.9	14.9	23.4	19.1	74.5	23.4	17.0	27.7	25.5	46	60.9	8.7	19.6	30.4	4.3	43.5	28.3	34.8	19.6	23.9	13.0	47.8
SOUTH	24	95.8	24	66.7	41.7	16.7	37.5	29.2	83.3	45.8	20.8	58.3	20.8	24	87.5	8.3	45.8	37.5	25.0	66.7	41.7	45.8	41.7	16.7	25.0	50.0
SOUTHEAST	40	97.5	40	62.5	40.0	22.5	32.5	32.5	80.0	47.5	32.5	50.0	30.0	40	55.5	15.0	27.5	22.5	15.0	57.5	27.5	42.5	35.0	30.0	20.0	47.5
MIDWEST	54	100	54	66.7	31.5	14.8	48.1	35.2	83.3	40.7	27.8	50.0	18.5	54	53.7	20.4	44.4	33.3	18.5	16.7	46.3	51.9	38.9	27.8	24.1	55.6
WEST	18	98.0	18	77.8	22.2	46.7	50.0	38.9	88.9	55.6	61.1	72.2	22.2	18	77.8	11.1	11.1	22.2	11.1	11.1	55.6	50.0	27.8	27.8	5.6	72.0
NORTHWEST	25	100	25	72.0	20.0	8.0	64.0	52.0	72.0	72.0	20.0	48.0	36.0	25	52.0	0.0	52.0	4.0	4.0	40.0	32.0	36.0	24.0	32.0	4.0	54.0
ALL AREAS	208	96.2	208	60.6	28.4	15.9	40.4	32.7	79.8	43.8	27.4	47.6	25.0	207	61.4	12.1	33.8	26.6	13.0	38.6	37.2	43.5	31.4	26.6	16.9	54.1

Table V-5
Effectiveness Ratings for Prior Home-Based Training Received by Home-Based Agencies

	How helpful was past training?						How helpful was past training if some of it or all of it was HSTC training?						How helpful was past training if none of it was HSTC training?					
Areas	Item N	Not at all	A little	More than a little	A lot	Don't know	Item N	Not at all	A little	More than a little	A lot	Don't know	Item N	Not at all	A little	More than a little	A lot	Don't know
EAST	45	0.0	11.1	28.9	51.1	2.2	27	0.0	7.4	29.6	63.0	0.0	15	0.0	20.0	33.3	40.0	6.7
SOUTH	24	0.0	12.5	16.7	70.8	0.0	21	0.0	9.5	14.3	76.2	0.0	3	0.0	33.3	33.3	33.3	0.0
SOUTHEAST	38	0.0	7.9	15.8	73.7	0.0	21	0.0	9.5	14.3	76.2	0.0	16	0.0	6.3	18.8	75.0	0.0
MIDWEST	49	0.0	4.1	20.4	71.4	4.1	28	0.0	7.1	17.9	71.4	3.6	21	0.0	0.0	23.8	71.4	4.8
WEST	17	0.0	0.0	5.9	94.1	0.0	14	0.0	0.0	7.1	92.9	0.0	3	0.0	0.0	100.0	0.0	0.0
NORTHWEST	23	0.0	4.3	17.4	69.6	4.3	11	0.0	0.0	18.2	72.7	9.1	11	0.0	9.1	18.2	72.7	0.0
ALL AREAS	196	0.0	7.1	19.4	68.9	2.0	122	0.0	6.6	18.0	73.8	1.6	69	0.0	8.7	23.2	65.2	2.9

their past training the lowest (although 51% still rated it as "a lot of help"). Most agencies had availed themselves of more than one training facility, and 18 programs had received only HSTC training prior to returning the questionnaire. Of these 18 programs, 78% said the training "helped a lot" while 22% said it "helped more than a little." And of those agencies whose training included HSTC training, 74% rated it as helping "a lot" while only 65% of those agencies who had received training from other sources, rated the training as helping "a lot."

Slightly more than one-third of the respondents had not used an HSTC for home-based training (see Table V-6). The most frequent reasons given for not using this training facility were (1) that it was more expensive than the alternative training and (2) that the agency did not want to travel to the HSTC.

Head Start agencies have used a variety of resources for training in home-based activities. Overall, their experiences with home-based training have generally been successful. Furthermore, the HSTCs were seen as a valuable resource for obtaining quality training. The concern with training costs expressed by 40% of the agencies needs to be addressed by ACYF, although the problem may partly be a matter of clarifying what the actual costs are.

Plans for future home-based training. This section examines agencies' plans for future training (see Tables V-7 and V-8). Eighty-two percent of the respondents planned to arrange home-based training for their staff while 14% were undecided. Slightly more of these respondents planned to arrange for initial training for their staff (83%) than for follow-up training (78%), although the high figures are indicative of the agencies' commitment to staff training.

Table V-6
Reasons Why Home-Based Programs Had Not Used HSTCs for Training

			% of agencies who gave the following reasons for not using an HSTC for prior training									
Areas	Item N	% Agencies that haven't used HSTCs	Item N	Didn't know about	Didn't know enough about	Didn't want to travel to HSTC	HSTC more expensive than alternative training	HSTC schedule not suitable	HSTC training too long	Couldn't get okay for HSTC training	Alternative training seemed better	Other
EAST	*46*	39.1	*31*	12.9	12.9	6.5	22.6	9.7	6.5	3.2	12.9	38.7
SOUTH	*24*	12.5	*5*	0.0	20.0	40.0	40.0	40.0	0.0	0.0	20.0	20.0
SOUTHEAST	*40*	44.5	*22*	13.6	4.5	13.6	40.9	9.1	4.5	4.5	18.2	31.8
MIDWEST	*54*	46.3	*32*	25.0	21.9	25.0	34.4	15.6	6.3	3.1	18.8	18.8
WEST	*18*	22.2	*7*	0.0	42.9	28.6	71.4	28.6	14.1	14.3	14.3	28.6
NORTHWEST	*25*	48.0	*19*	0.0	15.8	52.6	68.4	21.1	15.8	5.3	31.6	15.8
ALL AREAS	*207*	38.6	*116*	12.9	16.4	23.3	40.5	15.5	7.8	4.3	19.0	26.7

Table V-7

Home-Based Agencies' Plans for Future Initial Training

					% of agencies who identified following staff to receive future initial training											% of agencies who identified the following training facility to use for future initial training												
Areas	Item N	% who plan future home-based training	Item N	% who plan initial training	Item N	Head Start director	Home Start director	Center director	Classroom teacher	Teacher aide	Home visitor	Parent Involvement coordinator	Training coordinator	Component area specialist	Other	Item N	HSTC	Adult education	CDA	College	CAA	R/STO	Professional consultant	Personnel from home-based programs	Convention	Workshop	Other	In-house
EAST	47	78.7	44	84.1	37	16.2	10.8	13.5	43.2	29.7	64.9	29.7	10.8	21.6	24.3	37	59.5	2.7	29.7	13.5	10.8	32.4	21.6	24.3	5.4	13.5	18.9	51.4
SOUTH	24	95.8	23	91.3	21	19.0	14.3	23.8	33.3	28.6	76.2	23.8	14.3	42.9	9.5	21	61.9	0.0	28.6	19.0	14.3	57.1	9.5	28.6	9.5	14.3	4.8	42.9
SOUTHEAST	40	72.5	35	74.3	25	16.0	16.0	20.0	32.0	28.0	72.0	32.0	24.0	48.0	16.0	25	48.0	4.0	16.0	16.0	16.0	40.0	24.0	32.0	12.0	16.0	12.0	32.0
MIDWEST	54	83.3	52	82.7	42	9.5	11.9	2.4	31.0	26.2	83.3	19.0	11.9	28.6	11.9	42	50.0	7.1	33.3	21.4	11.9	14.3	38.1	35.7	16.7	21.4	16.7	54.8
WEST	18	94.4	18	88.9	15	70.0	6.7	6.7	6.7	13.3	73.3	20.0	20.0	40.0	13.3	16	56.3	0.0	0.0	6.3	6.3	0.0	31.3	0.0	0.0	18.8	18.8	62.5
NORTHWEST	25	88.0	23	78.3	18	16.7	5.6	0.0	33.3	44.4	61.1	16.7	0.0	27.8	22.2	18	44.4	0.0	33.3	11.1	5.6	50.0	16.7	22.2	16.7	11.1	5.6	66.7
ALL AREAS	208	82.2	195	82.6	158	15.2	11.4	10.8	32.3	28.5	72.8	24.1	13.3	32.9	16.5	159	53.5	3.1	25.8	15.7	11.3	30.8	25.2	26.4	10.7	16.4	13.8	50.9

Table V-8

Home-Based Agencies' Plans for Future Follow-up Training

			% of agencies who identified following staff to receive future follow-up training											% of agencies who identified the following training facility to use for future follow-up training											
Areas	Item N	% who plan follow-up training	Item N	Head Start director	Home Start director	Center director	Classroom teacher	Teacher aide	Home visitor	Parent involvement coordinator	Training coordinator	Component area specialist	Other	Item N	HSTC	Adult education	CDA	College	CAA	R/STO	Professional consultant	Personnel from home-based programs	Convention	Workshop	Other	In-house
EAST	*42*	81.0	*34*	32.4	35.3	5.9	29.4	26.5	88.2	20.6	11.8	23.5	17.6	*34*	58.8	5.9	29.4	17.6	5.9	44.1	32.4	29.4	11.8	20.6	14.7	50.0
SOUTH	*23*	87.0	*20*	50.0	55.0	25.0	40.0	30.0	95.0	55.0	15.0	55.0	15.0	*20*	70.0	10.0	60.0	25.0	25.0	90.0	45.0	50.0	35.0	25.0	25.0	40.0
SOUTHEAST	*35*	77.1	*27*	63.0	41.9	25.9	33.3	33.3	92.6	70.4	40.7	63.0	18.5	*27*	51.9	7.4	22.2	22.2	14.8	55.6	25.9	37.0	22.2	22.2	22.2	55.6
MIDWEST	*50*	76.0	*36*	25.0	25.0	11.1	41.7	44.4	50.6	44.4	19.4	47.2	16.7	*37*	40.5	10.8	43.2	18.9	21.6	13.5	43.2	35.1	21.6	18.9	8.1	51.4
NORTH	*17*	82.4	*14*	64.3	21.4	14.3	35.7	28.6	92.9	50.0	42.9	57.1	35.7	*14*	71.4	7.1	21.4	21.4	7.1	0.0	57.1	21.4	21.4	28.6	21.4	64.3
NORTHWEST	*25*	64.0	*16*	31.3	12.5	6.3	62.5	43.8	75.0	68.8	25.0	50.0	18.8	*16*	37.5	0.0	25.0	6.3	0.0	31.3	37.5	12.5	12.5	25.0	12.5	43.8
ALL AREAS	*192*	77.6	*147*	41.5	34.7	14.3	38.8	34.7	87.0	48.3	23.8	46.9	19.0	*148*	53.4	7.4	34.5	18.9	13.5	39.2	38.5	32.4	20.3	22.3	16.2	50.7

The need for initial home-based training varied with geographic area and ranged from 74% of the respondents in the Southeast to 91% of the agencies in the South (see Table V-7). The most frequently identified staff to receive the initial training were home visitors (mentioned by 73% of the agencies); the next most frequently mentioned staff (component specialists and classroom teachers) were identified by about one-third of the agencies.

The most frequently identified sources for providing this initial training were HSTCs and in-house staff (mentioned by the majority of the agencies). State or regional training offices were the next most frequently mentioned resource. There was considerable regional variation, however. Agencies in the South and East were most likely to identify HSTCs as a future training resource, whereas agencies in the West and Northwest were most likely to plan on using in-house staff.

In addition to providing initial training in home-based activities, the HSTCs have provided an equally important function--follow-up training for staff who have already had some training. The importance of follow-up training can be seen by the survey responses which indicated that almost 78% of all agencies who planned future home-based training would be seeking follow-up training (see Table V-8). Again, this varied by geographic area with 64% of the agencies in the Northwest planning to schedule follow-up training and 87% of the agencies in the South planning such training. Across all respondents, the staff most frequently identified as recipients of the anticipated follow-up training were home visitors (mentioned by 87% of the respondents), parent involvement coordinators (identified by 48% of the agencies), and component area specialists (selected by 47% of the agencies).

The respondents planning follow-up home-based training more often planned to use HSTCs, in-house facilities, regional and state training offices, and professional consultants--approximately the same resources mentioned by agencies planning initial home-based training.

It is of interest to examine how many of those agencies who had used HSTCs in the past planned to use them in the future, either alone or in conjunction with other training facilities (see Table V-9). Two-thirds of the home-based programs who used HSTCs in the past and who planned additional initial home-based training intended to use the HSTCs. The same figure held true for those programs who used the HSTCs previously and planned follow-up training.

A final question dealt with the timing of training. One-half of agencies which intended to seek HSTC training planned to do so within the next six months, 12% planned to request training within the next year, 3% within the next 18 months, and 21% were undecided about training dates (see Table V-10).

Anticipated Problems in Arranging for Home-Based Training

Even though agencies might want to provide home-based training for their staff a number of obstacles could interfere with such plans. The survey asked agencies to indicate what obstacles they saw; the responses are shown in Table V-11. Across all regions, the two most frequently mentioned problems were obtaining funds (mentioned by 53% of respondents) and coordinating staff schedules with training facility schedules (noted by 34% of the respondents). Almost one-third of the agencies (28%) said they anticipated no problems. Agencies in the Northwest most frequently mentioned funding as a problem (73%) while programs in the South mentioned

Table V-9

Planned Usage of HSTCs by Home-Based Agencies Based on Their Previous Experience with HSTCs

Area	Item N	% of Respondents Who Used HSTC in Past and Plan to Use HSTC for Initial Training	Item N	% of Respondents Who Used HSTC in Past and Plan to Use HSTC For Follow-up Training
EAST	25	64.0	25	64.0
SOUTH	18	66.7	18	72.2
SOUTHEAST	13	76.9	15	73.3
MIDWEST	24	75.0	21	61.9
WEST	14	57.1	12	75.0
NORTHWEST	8	50.0	7	42.9
ALL AREAS	102	66.7	98	66.3

Table V-10

Date of Intended Use of HSTCs for Training by Home-Based Agencies

		When Do You Plan to Use HSTC?					
Areas	Item N	% Within Next 6 Mos.	% Within Next 12 Mos.	% Within Next 18 Mos.	% More Than 18 Mos. From Now	% Undecided	% No Plans To Use HSTC
EAST	*42*	50.0	14.3	2.4	0.0	21.4	11.9
SOUTH	*21*	52.4	4.8	0.0	0.0	33.3	9.5
SOUTHEAST	*35*	51.4	14.3	2.9	0.0	17.1	14.3
MIDWEST	*49*	59.2	8.2	2.0	0.0	20.4	10.2
WEST	*16*	56.3	18.8	0.0	0.0	12.5	12.5
NORTHWEST	*25*	36.0	16.0	8.0	0.0	24.0	16.0
ALL AREAS	*188*	51.6	12.2	2.7	0.0	21.3	12.2

Table V-11

Problems Anticipated by Home-Based Agencies in Arranging for Future Training

		% of Agencies who Identified the Following Anticipated Problems						
Areas	Item N	Obtaining Funds	Obtaining Staff Release Time	Coor. Staff and Training Facility Schedules	Obtaining Authorization	Locating Suitable Training	Other	No Foreseeable Problems
EAST	*36*	58.3	19.4	22.2	2.8	13.9	5.6	30.6
SOUTH	*22*	36.4	18.2	31.8	0.0	4.5	13.6	40.9
SOUTHEAST	*29*	44.8	20.7	34.5	0.0	10.3	3.4	27.6
MIDWEST	*44*	52.3	20.5	43.2	2.3	20.5	2.3	15.9
WEST	*17*	52.9	17.6	29.4	11.8	11.8	5.9	41.2
NORTHWEST	*22*	72.7	18.2	36.4	0.0	13.6	4.5	22.7
ALL AREAS	*170*	52.9	19.4	33.5	2.4	13.5	5.3	27.6

it the least (36%). Coordinating schedules appeared to be most difficult for programs in the Midwest, with 43% listing this as a concern. Agencies in the South and West more often anticipated no problems in arranging for training whereas agencies in the Midwest were most likely to anticipate problems.

It is possible that the agencies anticipated more problems than they would actually encounter. For example, 34% of the responding agencies identified the coordination of schedules as a potential problem in arranging for training. However, when respondents who had not previously used an HSTC were asked why they hadn't, only 16% said it was because of a scheduling conflict. If scheduling training with the HSTCs is similar to scheduling training with other training facilities, agencies will probably not have as much of a problem as they have anticipated.

Summary: Training Needs of Home-Based Agencies

Almost all of the 208 home-based agencies who responded to the survey have provided some type of training for their staff, and about 61% of this training occurred at HSTCs. The majority of programs were satisfied with the training received, particularly if it had been HSTC training. About 82% of the home-based agencies were planning to provide home-based training for staff in the future; 83% of these intended this to be the initial training that staff would receive and more than half of the agencies expected to use HSTCs for this training. Almost 78% of agencies that planned future training intended to provide follow-up training for staff already experienced in home-based activities, and again, slightly more than half of these agencies would use HSTCs for this training. Of the agencies that had used HSTCs in the past, however, two-thirds intended to use HSTCs for their future initial or follow-up training. Although 28% of the agencies anticipated no problems in arranging for future training, those that foresaw problems expected to have difficulty arranging funding or in coordinating schedules. In actual practice, however, there seem to have been very few occasions when training could not be arranged for agencies that requested it.

Demographic Characteristics of Responding Center-Based Agencies

Table V-12 presents the demographic characteristics of center-based agencies who plan to go home-based, center-based agencies who do not plan to go home-based and all center-based respondents. Overall, 43% of the center-based agencies were community action agencies, 24% school districts and 22% private, non-profit groups. One-half of the agencies served at least 100 children and 11% of the agencies have provided home-based services in the past. Some notable differences among the six geographic regions were that (1) center-based agencies in the West were more often private, non-profit groups whereas agencies in other areas were more likely to be community action agencies (this same finding held for the home-based agencies), (2) the center-based agencies in the East and West more often served less than 100 children while agencies in the South, Southeast, Midwest and Northwest were more likely to provide services to larger numbers of children, and (3) the Northwest had the greatest number of center-based agencies who at one time implemented the home-based option.

Table V-12

Demographic Characteristics of Center-Based Agencies

Areas			Organizational Type							# Children Served			# of Centers				
		Item N	CAA	School	Private School	Religious Organization (Not School)	Private Non-Profit	Other	Item N	1-100	101 +	Item N	1	2-5	6 +	Item N	% of Agencies Who Had Been Home-Based
EAST	Center-Based Agencies Who Plan to Go Home-Based	*49*	67.3	4.1	0.0	2.0	20.4	6.1	*49*	55.1	44.9	*47*	34.0	44.7	21.3	*49*	8.2
	Center-Based Agencies Who Do Not Plan to Go Home-Based	*77*	40.3	15.6	3.9	2.6	31.2	6.5	*82*	62.2	37.8	*81*	34.6	46.9	18.5	*82*	18.3
	All Center-Based Agencies	*208**	45.2	13.5	1.9	3.4	29.3	6.7	*220*	60.9	39.1	*216*	39.8	41.2	19.0	*219*	12.3
SOUTH	Center-Based Agencies Who Plan to Go Home-Based	*20*	75.0	10.0	5.0	0.0	10.0	0.0	*21*	28.6	71.4	*21*	23.8	33.3	42.9	*21*	9.5
	Center-Based Agencies Who Do Not Plan to Go Home-Based	*45*	64.4	20.0	0.0	0.0	11.1	4.4	*46*	39.1	60.9	*47*	31.9	31.9	36.2	*47*	14.9
	All Center-Based Agencies	*126*	57.1	27.0	0.8	0.0	12.7	2.4	*132*	39.4	60.6	*133*	33.8	35.3	30.8	*133*	9.8
SOUTHEAST	Center-Based Agencies Who Plan to Go Home-Based	*5*	80.0	20.0	0.0	0.0	0.0	0.0	*5*	0.0	100.0	*5*	0.0	60.0	40.0	*5*	20.0
	Center-Based Agencies Who Do Not Plan to Go Home-Based	*61*	52.5	23.0	0.0	0.0	16.4	8.2	*63*	23.8	76.2	*63*	20.6	33.3	46.0	*63*	9.5
	All Center-Based Agencies	*117*	46.2	30.8	0.0	0.9	14.5	7.7	*119*	34.5	65.5	*119*	28.6	33.6	37.8	*120*	11.7
MIDWEST	Center-Based Agencies Who Plan to Go Home-Based	*29*	31.0	20.7	0.0	0.0	27.6	20.7	*32*	40.6	59.4	*31*	38.7	25.8	35.5	*32*	12.5
	Center-Based Agencies Who Do Not Plan to Go Home-Based	*47*	42.6	34.0	0.0	0.0	19.1	4.3	*49*	46.9	53.1	*49*	26.5	49.0	24.5	*48*	4.2
	All Center-Based Agencies	*142*	42.3	31.0	0.0	0.7	18.3	7.7	*148*	43.9	56.1	*147*	44.9	23.8	31.3	*146*	8.9
WEST	Center-Based Agencies Who Plan to Go Home-Based	*27*	40.7	11.1	0.0	7.4	29.6	11.1	*27*	51.9	48.1	*27*	33.3	33.3	33.3	*28*	10.7
	Center-Based Agencies Who Do Not Plan to Go Home-Based	*35*	14.3	28.6	0.0	0.0	40.0	17.1	*39*	46.2	53.8	*38*	42.1	21.1	36.8	*39*	12.8
	All Center-Based Agencies	*111*	21.6	27.0	0.0	1.8	27.9	21.6	*118*	58.5	41.5	*116*	45.7	25.0	29.3	*119*	9.2
NORTHWEST	Center-Based Agencies Who Plan to Go Home-Based	*8*	75.0	25.0	0.0	0.0	0.0	0.0	*8*	50.0	50.0	*7*	28.6	28.6	42.9	*8*	37.5
	Center-Based Agencies Who Do Not Plan to Go Home-Based	*16*	31.3	18.8	0.0	0.0	37.5	12.5	*17*	58.8	41.2	*15*	53.3	26.7	20.0	*17*	17.6
	All Center-Based Agencies	*53*	37.7	22.6	0.0	0.0	26.4	13.2	*54*	50.0	50.0	*52*	42.3	36.5	21.2	*55*	21.8
ALL AREAS	Center-Based Agencies Who Plan to Go Home-Based	*139*	56.1	11.5	0.7	2.2	20.9	8.6	*143*	44.8	55.2	*139*	31.7	36.0	32.4	*144*	11.8
	Center-Based Agencies Who Do Not Plan to Go Home-Based	*283*	43.8	22.6	1.1	0.7	24.0	7.8	*298*	45.6	54.4	*295*	31.5	37.6	30.8	*298*	12.8
	All Center-Based Agencies	*757*	42.7	24.3	0.7	1.5	21.9	9.0	*721*	49.0	51.0	*783*	16.6	35.5	27.9	*782*	11.3

*Many respondents were undecided about going home-based so the number of agencies who plan to go home-based plus the number of agencies who don't plan to go home-based doesn't equal the total N.

Home-Based Training Plans of Center-Based Agencies

This section focuses on two areas--(1) agencies' plans to provide home-based services and to arrange for appropriate training; and (2) problems that might make it difficult for agencies to arrange for this training.

Overall, 18% of the center-based programs reported plans for implementing home-based activities; 44% were definitely not planning such activities and 38% were undecided. For those agencies that reported definite plans (either to become home-based or not to) four agency characteristics were examined to see whether they might be related to these plans. The characteristics were number of children served, number of centers, type of organization, and whether home-based programs had been provided in the past. The future plans, according to these characteristics, are shown in Table V-13. Two characteristics seemed to make a difference: (1) the more centers an agency operated the more likely it was to indicate a plan for adding home-based activities; (2) the type of organization responsible for Head Start had an influence, with private schools most likely and public schools least likely to be considering a home-based option.

Plans to implement a home-based option and provide for staff training. Table V-14 shows the regional variation in the percentage of agencies planning to provide home-based services. The number of respondents who planned to provide such services ranged from 4% in Southeast to 24% in the West. When asked whether their agency had any plans to arrange for training of staff in home-based activities 20% responded in the affirmative (see Table V-14).

Table V-13

Comparison of Demographic Characteristics for Center-Based Agencies who Planned to go Home-Based and Those Who Did Not Plan To Go Home-Based[1]

		Plan to go home-based?		
		% Yes	% No	
Number of centers (N = 477)	1	23.3	76.7	Chi square: 6.1774 Significant difference
	2-5	30.7	69.3	
	6+	36.0	64.0	
Number of children served (N = 482)	≤ 100	26.0	74.0	Chi square: 3.2110 No significant difference
	> 100	33.5	66.5	
Organization type (N = 464)	CAA	40.0	60.0	Chi square: 25.522 Significant difference
	Public school	13.4	86.6	
	Private or parochial school	50.0	50.0	
	Religious organization other than parochial school	37.5	62.5	
	Private non-profit group	29.9	70.1	
	Other	27.9	72.1	
Provision of home-based services in past (N = 484)	Yes	33.3	66.7	Chi square: .34982 No significant difference
	No	29.3	70.7	

[1] Overall, 18% of center-based agencies reported plans to implement home-based components. This comparison does not include agencies who were undecided about implementing a home-based component.

Table V-14

Center-Based Agencies' Plans to Adopt Home-Based Option and Provide Home-Based Training

					% of agencies who identified following staff to receive home-based training										
Areas	Item N	% who plan to offer home-based option	Item N	% who plan home-based training	Item N	Head Start director	Home Start director	Center director	Classroom teacher	Teacher aide	Home visitor	Parent involvement coordinator	Training coordinator	Component specialist	Other
EAST	*218*	22.9	*216*	24.1	*52*	73.1	38.5	25.0	55.8	55.8	75.0	63.5	34.6	59.6	17.3
SOUTH	*130*	16.2	*129*	18.6	*24*	66.7	16.7	29.2	62.5	50.0	41.7	54.2	45.8	41.7	14.2
SOUTHEAST	*119*	4.2	*120*	11.7	*14*	78.6	35.7	57.1	92.9	71.4	71.4	92.9	57.1	78.6	14.3
MIDWEST	*147*	21.8	*144*	19.4	*27*	70.4	33.3	25.9	37.0	48.1	66.7	55.6	44.4	44.4	22.2
WEST	*116*	24.1	*116*	20.7	*24*	75.0	41.7	29.2	62.5	54.2	81.5	58.3	50.0	58.3	20.8
NORTHWEST	*55*	14.5	*54*	18.5	*9*	55.6	22.0	0.0	66.7	66.7	33.3	77.8	11.1	66.7	22.2
ALL AREAS	*785*	18.4	*779*	19.6	*150*	71.5	33.1	27.8	58.3	55.0	67.5	62.9	41.7	55.6	16.6

Table V-14
(continued)

	% of agencies who identified following training facility to be used for home-based training													Kind of Training			Training Location		
Areas	Item N	HSTC	Adult education	CDA	College	CAA	R/STO	Professional consultant	Staff from other home-based programs	Convention	Workshop	Other	In-house	Item N	Pre-service	In-service	Item N	At local Head Start agency	At training facility
EAST	*50*	72.0	14.0	56.0	18.0	14.0	58.0	52.0	76.0	28.0	30.0	28.0	52.0	*51*	90.2	9.8	*46*	84.8	15.2
SOUTH	*24*	75.0	16.7	58.3	16.7	12.5	75.0	50.0	33.3	33.3	33.3	12.5	37.5	*23*	87.0	13.0	*19*	68.4	31.6
SOUTHEAST	*14*	64.3	7.1	57.1	14.3	21.4	50.0	64.3	71.4	21.4	35.7	35.7	57.1	*14*	92.9	7.1	*11*	90.9	9.1
MIDWEST	*27*	85.2	22.2	59.3	18.5	7.4	22.2	55.6	63.0	29.6	37.0	25.9	44.4	*26*	92.3	7.7	*23*	60.9	39.1
WEST	*22*	12.7	31.8	59.1	31.8	18.2	36.4	68.2	72.7	36.4	50.0	21.3	54.5	*20*	95.0	5.0	*20*	80.0	20.0
NORTHWEST	*9*	66.7	22.2	44.4	22.2	0.0	55.6	33.3	0.0	11.1	33.3	11.1	66.7	*8*	87.5	12.5	*8*	75.0	25.0
ALL AREAS	*146*	74.1	18.4	56.5	19.7	12.9	49.7	54.4	73.5	28.6	35.4	24.5	49.7	*142*	90.1	9.1	*127*	77.2	22.8

In order to determine the kind of training that would be sought, e.g., which staff would be trained, who would conduct the training and potential difficulties in arranging for the training, only data from respondents who had some home-based training plans were included (see Table V-14). Of these respondents, at least 50% indicated that the training would be targeted at Head Start directors, teachers, teacher aides, home visitors, parent involvement coordinators and component specialists.

The vast majority of agencies who planned home-based training wanted preservice training (i.e., training for staff before they begin their job) as opposed to inservice training, and more than three-quarters of agencies wanted the training at their own agency rather than at a distant location such as an HSTC. This second variable, location of training, showed some variability across the six areas. In the Midwest only 61% of the respondents wanted training at their own agency while in the Southeast 91% of the agencies did not want to travel any distance for home-based training.

When agencies were asked which training facilities they would anticipate to be providers of this training, HSTCs, personnel from other home-based programs, CDA, and professional consultants were mentioned by at least one-half of the respondents. These four resources were generally chosen most frequently by agencies in all of the six geographic areas.

Anticipated problems in arranging for home-based training. As shown in Table V-15, funding concerns and coordinating staff schedules with training facility schedules were mentioned most often as problems that might make it difficult to arrange for training. One-fifth of the center-based agencies, however, did not anticipate any problems in arranging for such training. Agencies in the Southeast anticipated more problems with

Table V-15

Problems Anticipated by Center-Based Agencies in Arranging for Future Home-Based Training

	% who anticipated the following problems:							
Areas	Item N	Obtaining funds	Obtaining staff release time	Coordinated staff & training facility schedules	Necessary authorization	Locating suitable training	Other	No foreseeable problems
EAST	*49*	63.3	28.6	42.9	6.1	26.5	8.2	10.2
SOUTH	*24*	62.5	20.8	33.3	0.0	12.5	0.0	29.2
SOUTHEAST	*14*	92.9	28.6	28.6	0.0	21.4	7.1	7.1
MIDWEST	*27*	48.1	7.4	29.6	3.7	29.6	3.7	40.7
WEST	*23*	78.3	17.4	17.4	8.7	30.4	4.3	17.4
NORTHWEST	*8*	75.0	12.5	25.0	0.0	12.5	0.0	25.0
ALL AREAS	*145*	66.4	20.5	52.2	4.1	24.0	4.8	20.5

obtaining funds (93% of the agencies marked that item) while agencies in the Midwest were least likely to acknowledge funding as a problem (48%). Staff scheduling appeared to be the most difficult problem for agencies in the East (41% of the agencies mentioned this as a problem), and agencies in the Midwest anticipated the fewest problems in arranging for training while agencies in the Southeast anticipated the most.

Summary of Home-Based Training Needs for Home-Based and Center-Based Agencies

Staff training in home-based activities was being planned by both center- and home-based agencies. Naturally, the demand was greater among home-based agencies, with 82% of the respondents planning such training; on the other hand, approximately one-fifth of the center-based agencies reported home-based training plans at the time of the survey. Still, the fact that one out of every five responding center-based agencies planned to move in this direction is indicative of the growing appeal for involving parents more directly in the education of their children.

Because of differences in staff patterns and in-house expertise, the center-based and home-based agencies varied somewhat in terms of staff which they would designate to receive future training and what resources they contemplated using for the training. The center-based agencies saw a need to train all their staff, including Head Start directors, teachers, teacher aides, home visitors, component specialists, and parent involvement coordinators. Home-based agencies, on the other hand, identified home visitors and component specialists as targets for future training (both initial and follow-up). Teachers were also listed frequently as needing initial training and parent involvement coordinators were listed frequently as needing follow-up training.

Both HSTCs and R/STOs were considered popular training facilities among the home-based and center-based agencies. However, home-based agencies also frequently looked to their own experienced staff to provide training to other staff, and center-based agencies were more likely to identify personnel from other home-based programs, CDA training and professional consultants on their list of possible trainers. Anticipated problems in arranging for home-based training were similar for both types of agencies; funding concerns and coordinating staff schedules with training facility schedules were the most pressing problems mentioned. Both were mentioned more frequently, however, by center-based agencies than by home-based agencies.

Center-based agencies viewed the future home-based training as predominantly preservice, i.e., they wanted their staff trained before beginning their job functions. They also preferred, by a wide margin, that the training be conducted at their location. (These questions were not asked of the home-based agencies.) This means that training facilities that want to provide services to center-based agencies that are planning to go home-based must be willing to travel to local agencies and to work with staff. In fact, the Statistical Data Forms showed that HSTCs have been receptive to these very needs in that one-half of their week-long training sessions were conducted at the local agency and one-half of the participants were, at the time of training, not delivering home-based services (in other words, they were receiving preservice training).

In addition to the findings just summarized, data related to two ACYF training needs were provided by the surveys described in this chapter.

Were there grantees/delegate agencies that could not use the HSTCs because of the costs involved?

The Statistical Data Forms showed that in Year B only eight agencies were not able to use the HSTCs because of the costs involved and in Year C only four agencies were refused training for this reason. According to the surveys, however, cost was felt to be a major factor in arranging for training. Over 50% of both the home-based and center-based agencies listed it as a potential problem in obtaining training from any training facility and 41% of the home-based agencies who had not used an HSTC previous to the survey indicated costs were one factor that prevented their use.

How many people requested training but could not be accommodated by the HSTCs?

For the most part, the centers were able to accommodate everyone who requested training. In Year B, 208 requests for training during a specific month from HSTCs were not met. However, only 33 were due to lack of a training opening; many were due to trainee cancellations or cancellations necessitated by bad weather. In Year C, 498 requests for training during a specific month were not met; again most of these were rescheduled and only 31 were due to lack of space.

References

Hewitt, K. D., Grogan, M., Jerome, C. M., Nauta, M., Rubin, A. D., & Stein, M. Partners with parents: The Home Start experience with preschoolers and their families. Washington, D.C.: U.S. Government Printing Office, 1977. (DHEW Publication No. OHDS-78-31106)

Lambie, D. Z., Bond, J. T., & Weikart, D. P. Home teaching with mothers and infants. Ypsilanti, Mich.: High/Scope Educational Research Foundation, 1974.

Love, J. M., Nauta, M., Coelen, C., Hewett, K., & Roupp, R. R. National Home Start evaluation: Final report, findings and implications. Ypsilanti, Mich./Cambridge, Mass.: High/Scope Educational Research Foundation and Abt Associates, 1977.

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